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## EDITORIAL COMMENT

### THE NURSING WAR CRISIS

The situation in the nursing field which has arisen in consequence of the participation of this country in the war is presented in the Red Cross Department, this month, by Miss Delano and Miss Noyes, and in the Department of Nursing Education by Miss Stewart. Even now this JOURNAL, the officers of the American Nurses' Association, The League of Nursing Education in New York City, the National Emergency Nursing Committee of New York City, and leading women in many cities are giving definite coöperation in developing plans to meet it, but active participation in these plans is needed from every member of the nursing body if we are to pass through this crisis in such a manner that the sick in this country, as well as the soldiers in their camps here and in Europe, may be cared for, and that nursing standards may be higher and not lower when the peace of the world is again restored.

In order to meet these needs, greater numbers of nurses must be trained and graduated in the immediate future. In the July JOURNAL we enumerated some of the steps being taken to induce greater numbers of patriotic women who are desirous of serving their country in this crisis, to enter our well established schools. A reduction in the length of the course of training from three years to two is being offered, by many of these schools, to college graduates. A special appeal is being sent by the New York City League to young women that they should enter the profession. This is being distributed by the Macmillan Company as a folder sent out with its mail. Nurses who are giving instruction in Red Cross classes, preparing women for nurses' aides, should take the opportunity of putting before them the great field of patriotic service which nursing offers at the present time. These same instructors should not fail to impress upon members of

their classes the fact that the instruction so given does not in any way fit them to take the place of trained nurses. It is intended, first of all, to make them better able to care for minor illnesses in their own homes or to make them intelligent assistants to trained nurses either at home or in war hospitals, if their services are needed.

(The first people to recognize the necessity for increasing our numerical strength were our leaders in the Red Cross Nursing Service.) Following a meeting of the Central Committee on Red Cross Nursing Service, held in New York in June, an appeal was made to the president of the American Nurses' Association that measures should be taken to admit immediately waiting applicants so that they might become eligible for enrollment in the Red Cross. Miss Goodrich summoned the secretary to a conference without delay, and decided that as, in the reorganization now in progress, the burden of responsibility is to be placed upon the states, the best way to reach the scattered nurses of the country who are not yet members of the American Nurses' Association, would be through the states, themselves, such state membership making them automatically members of the American Nurses' Association and meeting that requirement for enrollment in the Red Cross Nursing Service. Accordingly, telegrams were sent to the secretaries of affiliated state associations, setting forth the need of the Red Cross for a larger enrollment and urging that special meetings be held of either the association or its directors, to admit waiting applicants.

→ To those who are not familiar with the requirements of the Red Cross Nursing Service, we may sum them up as follows:

First, Evidence of graduation from a school of nursing in a general hospital which includes the care of men, gives at least two years of training and has a daily average of at least fifty patients. Nurses graduated from hospitals for the insane must have had nine months of general training during or after their special training.

Second, Registration.

Third, An age within the limits of twenty-five and forty.

Fourth, Membership in some organization (state, county or alumnae), affiliated with the American Nurses' Association, endorsement by the officers of that association, by the superintendent of her school, and by the committee which enrolls her.

Fifth, Physical fitness.

The requirement regarding the size of the hospital in which a nurse has been trained was made necessary by experience which showed that under the strain and stress of army hospital conditions, a nurse must be familiar with the procedures necessary in handling large numbers of people, there being no opportunity at the front for supply-

ing this experience to one who lacks it, however excellent may be her care of the individual patient.

More than half the affiliated state associations have sent replies to Miss Goodrich's telegram, stating what steps they are taking to meet the request of the American Nurses' Association. Only one showed indifference, all the rest are hard at work solving the problem in their own way. For instance: Arkansas held a state meeting at which all eligible applicants were admitted, while others were accepted conditionally; California telegraphed back that it was admitting new county associations in order to increase the Red Cross enrollment; Delaware was giving special publicity to its coming state meeting; Florida had sent notices through the press and would call a meeting soon of its credential committee; Kansas was making provision for admitting new members; Massachusetts appointed a special committee to act on applications between the councillors' meetings; Michigan's Executive Board held a special meeting for redistricting the state, admitting all eligible members and urging Red Cross enrollment; Minnesota had held special meetings and will hold more; Missouri was campaigning for members; Nebraska's executive committee would take action; New Hampshire called a special meeting and arranged to act on applications weekly; Ohio planned for special meetings before the annual meeting then nearly due; Pennsylvania called a special meeting to elect new members and to arrange for further coöperation with the American Nurses' Association; Wisconsin called a special meeting and will call others as needed.

Four states made at once a thorough canvass. Connecticut, the first of all to respond, after a five days' campaign, in which special attention was given to the places not ordinarily reached, held a special state meeting at which 41 members were admitted. In Rhode Island, every alumnae association was asked to look up graduates who do not belong to the state association but who are eligible to the Red Cross, and to report to the state officers on a specified day. Utah sent a letter to every nurse in the state asking definitely whether she would enroll in the Red Cross. Virginia had a meeting of its directors on the day the telegram was received at which a special state meeting was planned for. Every nurse in the state was invited to this meeting, whether or not a member of the state association. With the invitation went a census card, admirably comprehensive and concise, to be filled in by the individual and returned.

In the midst of this period of storm and stress, another duty confronts us, that of ascertaining the nursing resources of the country. If all the laws for state registration were compulsory this would be a

comparatively simple matter, but as only a few of the 46 laws are compulsory, to make a census with any degree of accuracy is almost an impossibility. We know through the reports of the state boards of examiners that there are about 70,000 nurses registered with them. If our state laws were compulsory, this number would represent all of the professionally trained women in the United States, but as it is, it probably represents about one-fourth of the total number. This is particularly trying because it is not the fault of nurses, but of legislators, and they represent the men who now need our services.

Perhaps the problem of getting an accurate census is greatest in New York City, but fortunately the matter there has been taken up by the Nursing section of the Mayor's Committee on Home Defense. It is to include not only registered, graduate and trained nurses, but practical nurses and attendants. For this purpose blanks have been sent out to all institutions employing nurses of any kind, to all training schools for nurses, to all directories, both professional and commercial, and to all associations of nurses. Many names will be duplicated in these lists, but a salaried secretary is employed who is making a card index in which the name will appear but once.

A special letter in regard to the making of a census, which officers of state associations will have received before this JOURNAL is issued, calls for immediate action.

It is possible that, before the war is ended, nurses in this country may have to meet some of the difficulties that have confronted those in other warring countries, especially England, and that there may be a tendency to set aside trained nurses and to give greater recognition to women of social prestige and wealth. Should this situation confront us, we must be even-tempered and well-mannered in order to maintain the respect due our profession. We can hardly expect at one bound to attain the full professional recognition that has been denied us in the past. If we can go through these experiences with unvarying courtesy, we shall better prove our professional value.

#### THE APPEAL OF THE COMMITTEE ON NURSING

The National Emergency Committee on Nursing whose formation and purpose was described in the last issue of the JOURNAL has since then changed its status and has now become the Committee on Nursing of the General Medical Board of the Council of National Defense. Among the other committees of the Medical Board are those on Hospitals, Medical Schools, and Public Hygiene. The personnel of the Committee remains unchanged, but the names of Lillian D. Wald and

Dr. William H. Welch, omitted in error from the previous report, should be added to those mentioned in the JOURNAL. It will be noted that this Committee is not made up purely of nurses, but includes in its membership physicians, educators and social workers. The nurses of the country are represented through the presidents of the three national associations. The purpose of the committee is not altered. In a large general sense it is concerned with the supply of nurses for home as well as for war defense, and with instituting effective measures to increase that supply. It is therefore appealing not only to college women but to the hundred thousand young women who have recently graduated from high and technical schools, and from good private schools, and carefully prepared letters and circulars are being sent to them. In addition to this propaganda, the Committee is arranging for further publicity through articles, etc., and is urging forward every possible effort to increase the supply of good candidates for admission to our training schools in order that the depletion of our ranks (never adequately supplied with workers even in peace) may not reach a point which would be disastrous to the welfare of the sick in this country. To take the place of the thousands of nurses now being withdrawn from service here, we need not a few hundred but thousands more students entering our hospital training schools.

In order that this campaign may not fail of satisfactory results, the Committee is trying to secure the fullest possible coöperation from hospital and training school authorities in meeting this national emergency. It is urging every hospital to go as far beyond the provision of students for its own working needs, as is practicable, and to try to secure temporary housing accommodation and a temporary increase in instructors and supervisors for a considerably larger number of students. The Committee realizes that most hospitals have abundant clinical resources which they cannot make available for teaching purposes because of lack of means to provide housing and instruction for more students, and it is advising that students with good homes in the vicinity should temporarily be allowed to live at home, and that suitable adjustments of hours of duty should be made to permit this. A careful consideration of the whole question of the long hours of duty, which more than any other factor keeps good candidates out of training schools, is being urged by the Committee at this time. The Committee considers that ways and means must be found of helping hospitals with good teaching facilities to enlarge their training schools, and it is concerned with efforts in that direction. Further reports of plans and of work, as they develop and are carried on, will be presented in the JOURNAL and inquiries for information will be answered by the

Secretary of the Committee, Ella P. Crandall, Council of National Defense, Munsey Building, Washington, D. C.

The following letter has been sent by the Committee to graduates of nurse training schools of the present year:

→ The nursing profession which you have just entered is facing the gravest responsibility and the greatest opportunity of its whole history. The country is calling upon us to undertake a gigantic task, which is going to mean life or death, for many thousands of our fellow countrymen. In every war, especially in this most terrible of all wars, we know that there is bound to be a heavy mortality and much inevitable suffering, but we have every evidence to show that where there is an efficient medical service and an ample supply of highly trained and capable nurses, a much larger margin of lives can be saved, and the terrible crippling and maiming of human beings can be very much reduced. (This country is more fortunate than most in having, trained and ready in this national crisis, a large army of professional nurses on whom it can call.) It is looking to us, and the mothers and friends of our men in particular are trusting to us, to see to it that the wounded of our armies shall have the very best nursing care that trained skill and modern science can give. 10,000 of our best nurses have already answered the call and have enrolled for active service with the Red Cross, but it is probable that we shall need many more, perhaps double that number, to care for the larger new army which will soon be ready to go to France. But we must not for one moment forget that every nurse so enrolled may be taken away from a post where she is at work and is urgently needed. Our problem therefore is how to answer the call for service abroad and to fill the hundreds of vacant places here, which those who go leave behind them. (It would be disastrous if we should let our hospitals here suffer for lack of competent nurses, particularly for lack of superintendents and supervisors and teachers who are needed to train the younger generations of nurses.) It would be a very short-sighted policy also to allow our public health organizations and all the established activities for the prevention of disease, to run down now, when we will have so many dependent families to care for and when conditions are so much more favorable for the breaking down of resistance (especially among children) and the spread of disease. To prevent the serious crippling of all these important branches of nursing work, which would result if any large number of our experienced and specially trained women should be called away, the Committee on Nursing is turning to the younger graduates and those who have not yet established themselves in responsible positions, asking that they should fill up the ranks of the Red Cross, and should enroll as rapidly as possible, making their services immediately available so that we may know how many we have to depend upon for the future as well as the present need. Those who are not eligible for enrollment or who for other reasons cannot volunteer for active service abroad, should resolutely put aside all personal preferences, and should consider very carefully the fields of nursing work in which their services are most urgently needed. In this crisis no nurse should remain idle, even when she is awaiting her call from the Red Cross, and no one should remain in a position which could be as well filled by some one without a nurse's training. Nurses who are in the employ of private individuals, where their services are more or less of a luxury, should be released for the care of those who are more acutely ill, or they should

throw their energies into some of the many forms of public service, where nursing experience and training are so greatly needed. If every available nurse in this country can be counted on to put her best effort into meeting these immediate and vital needs, there is little doubt that we can win through, without breaking down the standards of nursing which we have been such long years in building up, and without sacrificing the thousands of valuable lives which in other wars and under other conditions have been so pitifully muddled away for lack of the training and experience in nursing which it is now in our power to give. This in itself is enough reward, but we will also have the tremendous satisfaction of knowing that when the freedom of the world was at stake and our country needed us, she found us ready, and when she gave us a place of honor in the first ranks of national defense, we did not fail, but kept our ranks full and measured up to the splendid traditions of service which we inherit from many generations of nurses. The Committee on Nursing sends you this message to remind you that your profession is looking to you to uphold those traditions—that your country is depending upon you for the best and fullest service you know how to give.

#### VICTIMS OF WAR

While we know that Red Cross hospitals are usually situated in protected places, we must be prepared for loss by death or illness of some of the nurses who are going out so quietly and so cheerfully, showing the same patriotic courage and fortitude of which we are proud in our young men.

We have already recorded in the July JOURNAL, the deaths of two Red Cross Nurses, on the S. S. *Mongolia*, as they were setting forth for service abroad, and we gave the account, sent us by the Evanston Hospital Alumnae, of the military funeral given to one of them, Helen Wood. No direct news in regard to Mrs. Edith Ayers of the Illinois Training School has been sent us, but from the monthly report published by that association we learn that she, too, was given fitting honor at the time of the last services at her home in Attica, Ohio. On May 26, the body lay in state at the First Methodist Church, of which she was a member. At the exercises, in addition to the words of the minister of the church, a short address was given by Harriet L. P. Friend, a member of the Ohio Board of Nurse Examiners, who represented the governor of the state. The honorary pall bearers were two members of the Red Cross Nursing Service Committee of Chicago, sixteen from the Columbus Committee, one member of the Illinois Training School Alumnae and one from the school itself. The business men's association presented an American flag made of flowers, which covered the casket, and a company of soldiers accompanied the body to the grave and fired a military salute. The public schools of Attica were closed for two days and the business houses were closed on the day of the funeral.

## NURSES' CLINICS FOR PHYSICIANS

The American Medical Association at its sixty-eighth annual session, held in New York City, June 4th through 8th, gave to the nursing profession a chance to demonstrate many of its activities and procedures. The various hospitals were prepared during a definite period on given days to exhibit their most distinctive features. For example, one hospital from 2 to 6 p.m., displayed its amphitheatre for surgical operations and its central surgical supply room, where the patient was being prepared for operation, and also post operative nursing procedures. Another hospital featured its educational methods in nursing, lecture and demonstration rooms, science and dietetic laboratories, reference library, charts, drug cabinet, etc.; nurses' home; metabolism unit; the occupational activities of patients; and the kindergarten for convalescent children. Still another, a hospital for children, showed its observation and admission ward composed of plate glass cubicles, one crib in each, for isolation during observation period. This demonstration did not end with the hospital displays but extended into the District Nursing system. The New York Diet Kitchen featured its prenatal work, its baby welfare work and its general health and welfare work, with health conferences for children from two to six years old; cooking classes for mothers; social service activities and active coöperation with other district agencies; also the dispensing of certified milk. Another department opened its eye clinic, which is maintained in connection with school medical inspection.

These demonstrations were particularly interesting because they put the nursing profession in the attitude of instructors to the medical profession rather than the reverse, as is usually the case.

## "THE SCHOOL NURSE"

The long-looked-for book on school nursing by Lina Rogers Struthers is just off the press of G. P. Putnam's Sons, as we write. Mrs. Struthers gives first a history of school inspection, then an outline in detail of the duties of the board, the medical officer and the school nurse, in a manner that is both interesting and instructive. She gives the different forms of blanks and charts that are necessary, which will simplify the work of organising such a department in a new field.

Although Mrs. Struthers is a graduate of a Toronto school and has written her book in Toronto, which is now her home, her first work was done in this country and she made her reputation while a resident of the Henry Street Settlement in New York, where she was put for-

ward by Lillian D. Wald to try out the experiment of school nursing in New York City. Mrs. Struthers belongs equally to the United States and Canada, and her book is a valuable contribution to nursing literature.

#### THE PASSING OF BERTHA J. GARDNER

In just four years, lacking a month, from the time Miss Gardner left her home to assist in the reorganization work of the JOURNAL, caused by the change in the publishers, she was taken back to be buried. Death was caused by the lighting up of an old heart trouble that had evidently been of many years' standing.

The work for which the JOURNAL and the nursing profession must be most grateful to her is the increase in the subscription list, for which she was in part responsible and to which she devoted almost her entire time. After the period of reorganizing the business management of the JOURNAL had passed, Miss Gardner's work became more and more on the outside, that of speaking to classes of senior nurses or attending meetings of nursing associations.

We have been told that in her days of private nursing, Miss Gardner was a tower of strength in any home to which she was called. She was one of the pioneer workers for state registration in New Jersey, serving as president of the state association during the most critical period of state registration in this country. Although she was never prominent in the American Nurses' Association, more than to serve as a delegate from her state or alumnae association, she had a most comprehensive grasp of the nursing affairs of the whole country and an accurate memory for facts and dates which added tremendously to her value as a member of the editorial staff of this magazine.

Perhaps Miss Gardner was truly known only by those who lived near her, who could appreciate her thoughtfulness and her lovable characteristics. The one dread of nurses who have seen much of suffering is that of lingering illness and possible dependence on others. Miss Gardner's feeling on this point was so intense that, although her natural thrift had made provision for the future, she stayed at her desk long after she should have given up, and in spite of the wishes of those nearest her that she should spare herself. When no longer able to be at her desk she went to the Sanitarium at Clifton Springs, New York, drawn by the warm friendships she had made there at the time of her first breakdown in the late fall. During the last days her sisters and her close friend, Marietta B. Squire, were with her. To those who had watched her struggle with ill health and who had seen the smiling courage with which she faced death, there is a feeling of great thankfulness that the end came so quickly and so peacefully.

A CENTRAL SCHOOL OF NURSING AND PUBLIC HEALTH<sup>1</sup>

BY MARY C. WHEELER, R.N., AND MRS. IRA COUCH WOOD

*Chicago, Illinois*

The conception of a central school of nursing and public health is a response to the demand that larger educational opportunities be afforded women wishing to devote themselves to some one of the many forms of social betterment and community service to which nurses are constantly being called. The present movement towards health education, and the new idea of the right of citizens to protection by the state against disease and insanitary living conditions, presupposes not only the science of the physician and the sanitarian, but the existence of a body of trained women to carry out these social programmes. Nurses are now, and will increasingly be, called upon to act as sanitary, factory and health inspectors; as visiting, district and school nurses; as workers in the active campaigns against tuberculosis, social diseases and infant mortality; as missionaries for health in suburban and rural communities; as visiting housekeepers in tenements and the homes of immigrant groups; as welfare workers in settlements, camps and industrial plants; as leaders in medical social service; as well as in administrative and educational positions of all kinds. Communities all over the country are being roused to a realization of the great need for health education; for preventive measures in the battle with disease; for economic and social conservation of human life and energy. National nursing organizations and social workers are alive to the great community service that can be rendered by nurses, and testify to the civic awakening that has often resulted from the work of a visiting nurse or an infant welfare campaign. There is hardly a limit to the possibilities of service that the new gospel of health opens up, but our ideals have developed much faster than have the opportunities for education of women to realize these ideals.

The call to service is clear, but of well-equipped, efficient and experienced workers to answer the call, there is a serious lack. The need of special training for nurses along social service lines, to prepare them for these wider spheres of usefulness is obvious to those who have any knowledge of the situation.

In the development, too, of higher standards of institutional work, new positions have opened to women educated in dietetics and household economics. These graduates, however, feel the need of practical

<sup>1</sup> Read at the twentieth annual convention of the American Nurses' Association, April 30, 1917.

work in hospital diet kitchens and of experience with the actual problems of household management, before assuming independent institutional positions. Such experience under proper supervision it is almost impossible to obtain at the present time because few, if any, institutions are run as "practice schools."

The demands for adequate preparation in these different spheres of activity can only be met by a central school, combining theoretical instruction with practical service. Such an institution, the Illinois Training School for Nurses proposes to develop in connection with its plans for a new nurses' home. Much of the equipment, classrooms, diet kitchens, etc., necessary for the education of student nurses, could be most economically used for this central school, and the conduct of the nurses' home could be made an opportunity for training in household economics and institutional management. Such a school would involve affiliation with existing colleges and universities, with sociological and domestic science departments, with smaller hospitals and institutions, and with all the organized forms of social and philanthropic service in Chicago, so that there may be no duplication of effort. This comprehensive scheme will of course require endowment funds to secure expert instructors for special courses, and possibly some scholarships for graduate students (though most of them would pay for such instruction) as well as large gifts to provide a suitable home for non-resident students.

Chicago is the logical place for such a central school, and the Illinois Training School for Nurses the logical nucleus for such a Foundation, for the following reasons:

1. It is the only independent school of nursing in the country, free to follow its educational ideals apart from its hospital service. (Most training schools are an integral part of hospitals and could hardly be made to serve such a body of graduate students as could this large institution separated from the hospital.)

2. It has already started its post-graduate courses for nurses, and has had graduates from 229 schools within the past ten years.

3. It has now affiliation with 33 schools for nurses, which send students to it for special work.

4. It has a connection with Cook County Hospital (and there is every good reason to believe that it will continue), which is of the greatest possible value to nurses seeking wide experience in hospital service.

5. It has a large and well-organized Social Service Department, which is capable of using many more volunteers and students, and which already gives training to students of the School of Civics and

Philanthropy, and has cordial coöperation with all the charity organizations of Chicago.

#### I. DEPARTMENT OF NURSING

The laws for the registration of nurses, now in force in 46 states, have so raised the standard of nursing service, that the smaller general and private hospitals have found it difficult to give their students the theoretical instruction and sound training that is required by the State Boards of Nurse Examiners. Schools of nursing were established in most cases as an economical means of getting hospital work done but more enlightened judgment now demands that the student in nursing be given real and adequate instruction in return for her years of service. Many smaller hospitals would be glad to have some of the burden of preparatory training borne by a central school, which could afford to do for a large number of students what the individual small school could not possibly afford to do for its few students.

To meet this condition the following outline is suggested:

##### 1. *For student nurses:*

First year, theoretical and practical work in class rooms and demonstration rooms of the central school; lectures, clinics and laboratory work.

Second year, students assigned to practice work in a number of smaller, near-by hospitals, which would all be affiliated with the central school.

Third year, students return to central school for service in large general hospital, and for service in specialized departments, such as operating, maternity, contagious, children's, social service, etc. Service chosen with a view to future work in particular fields.

##### 2. *For affiliated students:*

1. Students to be sent from smaller hospitals to central school for theory and practice in the third year, to complete course preparatory to state registration.

2. State hospitals for the insane, and the feeble-minded, and specialized hospitals such as maternity, contagious, etc., to send students to central school for general training, in order to comply with the requirements of the nursing laws in different states.

Both plans have already been started in the Illinois Training School for nurses.

##### 3. *Postgraduate students:*

1. Graduate nurses desiring general theory and practice to supply a deficiency in their nursing education, and to comply with the laws in 46 states for registration of nurses.

2. Those desiring special courses to fit them for definite positions:

(a) As heads of surgical departments in hospitals. Methods of training would be by lectures, clinics by best demonstrators, actual practice in conduct of operating rooms, preparation of supplies, and training of subordinates in technique.

(b) As anaesthetists (a new field for women). Clinical and practical experience in large and complex operating department.

(c) As obstetrical nurses. Theory and practice to fit nurses for directors of maternity hospitals, prenatal teachers, and to be licensed as midwives.

(d) As nurses for the insane. Psychotherapeutics has revolutionized the treatment of insane and nervous patients and nurses are asking for special training in these new methods. Part of the treatment consists in interesting the patient in creative work of some sort and training his hands with various crafts. It is essential that this training be given the patients by a nurse, as her knowledge of symptoms, etc. makes her a better judge of the patients' condition, and this industrial work is given as a form of medical treatment with a definite curative aim. Miss Tracy has started a small training school in Massachusetts to teach these "Invalid Occupations," but such instruction should be brought much more generally to nurses. What can be accomplished along this line was demonstrated by the Michael Reese Hospital two years ago. The directors of the hospital employed Miss Tracy for three months, and most satisfactory results were achieved with both nurses and patients, but the course is altogether too expensive for most hospitals to include in the regular curriculum. It could be very well given at a central school, so that a large number of students from different hospitals could benefit by it without prohibitive cost.

4. *Training for nursery maids:*

Simple courses in dietetics, infant feeding, household sanitation, etc., practical training in Children's Hospital.

5. *Training for attendant class:*

This department would provide training for the women of small educational opportunities, who could be given the simpler courses in nursing technique (baths, temperatures, pulse, diets, etc.), and who would be capable of practical service in the hospital, and when given a certificate at the completion of a specified course, could go out as trained attendants in families of moderate means. There is a constant demand and a real need for such nurses, as now "only the very rich and the very poor are adequately nursed," but at the present time many such so-called nurses are being employed without having had the slightest preparation for such work.

#### 6. *Training for male attendants:*

This class will always be needed in general hospitals for certain work, and in special hospitals for men, such as the hospital of the Gary Steel Company, Gary, Indiana.

### II. DEPARTMENT OF PUBLIC HEALTH AND COMMUNITY SERVICE

As already suggested, wonderful new opportunities are opening to women along the lines of public health, sick insurance, industrial conservation, etc. While a few large cities in the country are fairly well supplied with visiting, infant welfare, school and tuberculosis nurses, no one claims that they are completely or adequately served; and the great majority of smaller cities, suburban towns and rural communities are without any such service, though we know that tuberculosis, for instance, may be quite as great a scourge in the farming districts as in the crowded tenements. One of the great objects of the central school would be to train women for leadership in this battle with disease, for though the American Red Cross has made a beginning of organization with its branch of "Town and Country Nursing," no adequate education or special training for public health work is provided in any school. The courses might be outlined as follows:

1. For visiting nurses, school nurses, welfare workers in industrial plants, tuberculosis nurses, infant welfare nurses, general welfare nurses in smaller communities, prenatal nurses and sanitary inspectors, lectures, clinics and practice in latest hospital methods, both medical and surgical; lectures on sociology and best methods of social service for the special work to be undertaken; actual service, with proper supervision, in a Chicago organization doing such specialized work.

2. For visiting housekeepers, a great new field for nurses and social workers. Hygiene, sanitation and cooking is taught in the tenements and homes of immigrants. Preparation for such a vocation should consist of studies in sanitation, dietetics, economics, theory and practice of social service, with actual experience in the county agent's department and the mothers' pension department of the Juvenile Court, where visiting housekeepers and dietitians are now beginning to be used.

3. For graduate nurses desiring to undertake dispensary work. Experience in social service; special lectures on preventive work; investigation of sources of disease; night and day clinics; study of case records, etc.; service in city dispensaries under supervision.

4. This school would be the center for the dissemination of health education of all sorts in coöperation with public schools, industrial establishments, settlements, etc. For high school girls and boys, lea-

sons in personal hygiene, etc.; for young women, elementary hygiene and home care of the sick, care of infants, pre-maternity instruction; for foreign women, course in midwifery for service among immigrant women, and to prepare for state examinations, etc.

### III. SOCIAL SERVICE DEPARTMENT

This department would provide theoretical courses for both nurses and social workers side by side with actual experience in the medical social service department of a general hospital and with the city charities; or it would take students who have already had their theoretical work in sociology and social economics at a university, or in a school of civics and philanthropy, and give them practical service, under expert supervision. Service alone may easily become unintelligent routine work at assigned tasks, if not guided in the most careful and scientific way.

Social service courses would be provided for student nurses, and preparation be given graduate nurses seeking specialized fields of service as enumerated above under "Nursing." Opportunity would also be given in this department for medical students (both men and women) to have experience in social service, such as home visiting, investigation into housing conditions, sources of infection, etc., a new point of view invaluable to the future physician. The coöperation of university medical and sociological departments with hospitals and social service departments is now being successfully demonstrated by Johns Hopkins University, Minneapolis State, Indiana State, and others.

### IV. DEPARTMENT OF INSTITUTIONAL MANAGEMENT

1. *Graduate nurses* seeking positions as heads of hospitals, orphan asylums, children's and old people's homes, insane hospitals, etc., would be given actual experience in institutional management, under competent supervision, in the students' home of the central school. No nurse just graduated from a school of nursing (or hospital) is properly equipped to undertake the management of an institution, but she is continually being forced to do so, because there is no place where she can secure this experience. In the small hospitals, the superintendent of nurses is also teacher, dietitian, household manager, surgical nurse, etc., and must make all her mistakes in her first few positions while gaining the experience that may later make her a valuable woman; but the result is that hospitals and institutions are crying out at the lack of efficient nurses for executive positions, when there is no place to give them necessary preliminary training. In a central school much of the dietetic training necessary could be given in coöperation with existing

schools of domestic science, followed by practical experience in the students' home in the management of servants, planning of work, menus, food costs, furnishings, etc.

2. *Graduates from domestic science schools* may be well prepared as teachers of this subject, but they are completely at sea when set down in a hospital in charge of a diet kitchen, where the medical side of food preparation must be uppermost and where the hospital routine is not understood. Though their domestic science training is of great value, such graduates are equally at a loss when first undertaking institutional management, and six months' experience in a household of 500 to 700 members would be invaluable. The Illinois Training School for Nurses at the present time has requests from many young women wanting such training, as assistants in the diet kitchens at the County Hospital, and as assistants to the house director of the Nurses' Home, and is well equipped to provide such experience under most capable supervision, if the school had but room to house the students.

#### HEALTH ACTIVITIES OF A CIVIC CENTER IN A SMALL COMMUNITY<sup>1</sup>

By ELIZABETH ROSS

*Norwood, Massachusetts*

We, of the Norwood Health Center, have been working out an experiment, and what has been accomplished should be judged simply as an experiment, not as a finished product. As in all experiments, there is an excuse for the discarding of any project that fails to give the desired result. The cost of such projects is warranted when the monies used are given specifically for experimental work. To be able to work in this way has been a privilege, and a great deal has been possible that could never have been done if the work had had to be carried on along conservative lines.

The ideal of the Norwood Health Center is to meet the need of our particular community; to serve the people and in turn to be served by them. The people must be as much a part of the work as the nurses and the other workers, who are simply public servants. If the Center is supported by the people, used by the people, and idealized by the people, it will be an expression of their civic enlightenment, educational, social and governmental. So, naturally, without sentimentality, a better standard of living founded on moral and physical health will be the watch-word of our community.

<sup>1</sup> Read at the twentieth annual convention of the American Nurses' Association, April 30, 1917.

To do this work knowledge is the first requisite; we must know our strength and our weakness, not only that of our town but of our state and national life. Everything we do has a direct influence upon the life of others. This is more than ever true in this age of specialization when life has become so intricate and interdependent. A health center must concern itself with the sources of disease. Of what real use is a contagious hospital if the real cause of an epidemic is bad housing, badly enforced laws, or an inefficient system of school inspection? Of what real use is a splendid tuberculosis sanatorium if the physicians of the community fail in the first principles of the care of and the protection against the disease? So it is with every vital question, the real cause must be dealt with and we must at least recognize why we fail if we hope ever to gain success.

Norwood has many things of which we may justly be proud, but the thing most worth while is the fact that the community as a whole is awake and can see that the future holds something for it, something worth having, if the citizens will only demand it.

The habit of thinking health in terms of negative disease has been a destroying element of our mental philosophy. Health is our birthright, and to be deprived of that birthright is a handicap that even the most favorable environment can never make up for. Health is the greatest asset when a young man takes his place in life, for it makes all things possible. Only a genius or a hero can hope to succeed without health. The business man wants the strong, vigorous and healthy man or woman to fill the places in his office or factory. The most successful business men of our times are forcing health measures upon their employees. Each separate state from the Atlantic to the Pacific is discussing laws to insure the health of the working man and his family; because, as a nation, we need that they shall be strong and able to hold their own.

Like everything that depends on intelligent coöperation, the demand for a clean and healthy community must come from the citizens. So our health center becomes a civic center, of the people and for the people. People are not blind to real values, and a health center must have the respect of all as an organization that is planning to do a definite kind of work and in its own line is successful and efficient. Let us make a picture of a health center in a town where we know the people and the environment.

Let us first take the visiting nursing. This part of the work is of the greatest importance because it is a direct link between the health center and the home. The nurses who undertake this work must be the best that the profession affords. They should have a training that

fits them not only to do good nursing work, but to recognise good medical work. To do this they must be trained under men that stand at the head of the medical profession and whose standards are above reproach. A nurse who has both the technique and the ethics of her profession, plus intelligence and a desire to serve, will be of inestimable value to any community where she may be placed. The work of the visiting nurse should cover every branch of health work that is directly in touch with the home.

The maternity work is first in importance. Good maternity work (and this must include case work) means that the people and the doctors are both educated to use the visiting nurse in every case where a graduate is not employed by the family. If a doctor needs the assistance of a trained nurse in a home that has every facility for comfort and asepsis, how much greater is the need when there is nothing at hand and no money to spend for anything but the bare necessities of life. A doctor aided by a well-trained nurse who knows the family, can do much to make the advent of the baby less of a tragedy than is sometimes the case. Ask any surgeon, or look over the lists of hospital surgery, and see for yourself the tremendous percentage of surgical cases which is the result of bad obstetrics. How many young women are semi-invalids after the birth of their first child because the physician is either careless or has been unable to do what was necessary at the right time! With these facts before us, we must do everything possible to protect the mother in this time of need. The nurse is valuable in two ways: first, she can be of great assistance to the doctor at the critical moment when he most needs her help, and much trouble can at this time be avoided. The second way in which the nurse can serve is simply by her presence. No doctor will be careless when he knows that his assistant recognises good work when she sees it, and that she must compare his technique with that of all the other physicians of the town. So let us create a demand for good service by a high standard of work.

Next in importance to the care of the mother is the care of the baby; this should go hand in hand with maternity nursing. The nurse that is to be with the mother when the baby arrives can do far better prenatal work than a nurse whose duty ends with the advent of the child. This is also true of post-natal work. It is the natural sequence, and the parent feels a greater confidence in the nurse who has been her friend through all. I can hear some one saying, "How is one nurse to do all this?" She cannot, but every town should have nurses enough to cover the whole work and if the people are taught to pay a reasonable price for what they receive, the expenditure will not be excessive and the return will warrant the cost.

All other kinds of visiting nursing need very little discussion. Perhaps the chronic patient should have a special word. A nurse when she is directing such a case must be wise and patient. She must not make the patient a burden on the work; but with advice and help at the right time, she can do much to help both the patient and the family. She can also get many comforts for such patients by interesting others in them. One of the chief duties of a visiting nurse who is a part of a health center is always to be on the alert and to report to headquarters the result of her observation. No one has a better chance to know what is going on, who, for instance, is breaking quarantine, when the Board of Health is needed for a clean-up, or when a child is being kept home from school under false pretenses and is simply the drudge for a family of boarders. All of these things are vital, and a word at the right time may help to rectify a great evil.

Next to the visiting nurse is the school nurse. Here again the nurse should be trained for special work and she should know the health and industrial laws affecting children, especially. A knowledge of the laws can be put to very practical use both in education and in enforcing preventive measures. A nurse in this position can work wonders if she is only big enough to use her opportunity. Working with and for the school department, hand in hand with the school physician, coöperating with the Board of Health and all other agents for civic improvement, she can bring home to the parents and children many lessons in hygiene, and many physical defects can be remedied before the child is forced to fall out of line to take its place with the defective or the deficient. If a school nurse is to do good work she must have the proper clinics to which the children can be referred. The clinics must be under the direction of specialists. This is quite possible if the town is near a large city, as doctors doing special work are always ready to help if the clinics are so managed that they can get good experience without too great an expenditure of time. The health center should organize and maintain the clinics. The most necessary clinics are dental, eye, nose and throat, orthopedic, skin and tuberculosis and a baby clinic. These clinics and the aid of a psychopathic expert to diagnose mental cases are essential to good work. With the exception of the dental clinic, one clinic a week will take care of the cases that are referred to them. The dental clinic should have at least three hours a day, and the children should be sent to keep appointments during school hours. In this way no time is wasted and a great deal of work can be done in a short time. This clinic should have a paid dentist; a young man just out of dental school is the best. Successful dental work is achieved when the teeth of the children sent for treatment are really

kept in good condition. The child should return at stated periods to report, and the condition of the teeth must show that they have been cared for at home. This may sound like an impossible task, but it can really be done quite easily if the clinic, school nurse, and school teacher will all do their share. This clinic can do great work in teaching hygiene, and the children that come under its influence can never be quite as thoughtless, for the habit of clean teeth plus the knowledge of why, will become a subconscious part of themselves. I should like to quote a few figures gathered by the Norwood Clinic, after four years' work.

First grade children examined, 335, number having defective teeth, 268 or 80%  
Seventh grade children examined, 207, number having defective teeth, 144 or 67%  
Eighth grade children examined, 172, number having defective teeth, 119 or 67%

These are real figures and show the condition of the teeth of the average first grade child, also what can be done with good dental inspection followed up by good dental work. The result is well worth the expenditure, which is small compared with other health measures supported by public and private monies. The other clinics will cost very little to maintain and if they are conducted properly they will bring the health center (and the community) in touch with the large city hospitals and the most advanced medical knowledge of the country. These same clinics should be used for older people as well as for the children, having the hours so arranged that working men and women can avail themselves of the opportunity for consultation.

To do really good orthopedic work, a great deal of follow-up work is necessary. There should be a posture campaign in the school and corrective work in the gymnasiums. This means good team work and an educational campaign that must include the child, parent and teacher. The same is true of the tuberculosis work. It has been the custom in the past to take a child out of school at the first sign of ill health. The Gary School plan is to send a child to school to get well, and so to supervise and direct the individual child that the school may meet his particular need. This ideal is one of the things that a health center should work for. In this country the public school has in daily session the larger part of the next generation: financiers, politicians, industrial leaders, labor leaders, teachers, thinkers, tramps, drunkards and criminals. From this melting pot, humanity is molded well or ill according as we, the present generation, meet our civic responsibilities. The people of every community should be acquainted with the administration of their town. They should recognize the value of health measures which are just as important as good roads or an adequate

water supply. The cost of conserving the health of the community should be borne by all alike as are other public measures for safety and service. If the real cause of bad health in any particular part of the town is due to bad housing, this should be openly dealt with. If the milk supply is below par, the people should know that they have a right to better service from the local Board of Health on whom, in most states, the direct responsibility falls. This should be brought about without sensational campaigning. The people in public office in small communities are representative people of that community and a health center that has failed to get the sympathy and coöperation of the local government should look to its own organization for the cause of such a failure.

The work of public relief is something that cannot be separated from public health work, as so many failures and home tragedies are caused by the ill health of some member of the family. The health center needs among its workers some person who can deal with these conditions individually, sympathetically and wisely without losing for one moment the larger ideal that builds for the future while living in the present. There is no need to dwell on the calamity of badly-administered charity or of the damage done by the sensationalist who gives either time or money simply to gratify his or her own vanity or ambition. This type of sham philanthropy must be ruthlessly cast aside if people are in earnest and if anything worth while is to be accomplished. This is very vital to the work, and success or failure of the whole project will depend upon how the people are educated to interpret the word charity.

The attitude of the local industries toward their employees and all public health measures is of great importance. It is to the advantage of every employer to have a clean, sanitary environment within the shop, but it is of infinitely greater importance that the workmen should come from clean, well-kept homes, and that they and their families should be free from disease. The employer can do much within the shop, but he has little influence beyond its walls and it is greatly to his advantage to support any well-organized work that is really showing good results. The support of the industries must be something more than money, their officers should work with the health center in helping to meet the special need of any family that is for some specific reason their responsibility. A well-organized health center should be the most natural channel for really efficient industrial welfare work.

I have intentionally left until the last the discussion of the local hospital and its relation to the health center and to all public health work, because I believe that we are all likely to over-estimate the impor-

tance of this branch of the work when we discuss health. If all hospitals were laboratories with every case selected to supply material for research, the result of which would be the final elimination of disease, and if these same hospitals concerned themselves with the social causes that filled their wards with human derelicts, we might consider the hospital first in importance, but this description could never be applied to the small rural or suburban hospital that has to do the best it can with the means at hand and is absolutely dependent upon the larger institution for method and specialized service. This type of hospital is more like the repair shop of a garage and in its place is necessary to the high road of progress; but is it not logical that such a hospital shall be a department to a health center, planned to meet the needs of the particular community that it is to serve?

By thus correlating all branches of health work we have a civic institution, every department of which can reach the highest standard of efficiency because the work is done without waste of labor or money. It is to the interest of everyone to get the best possible return for whatever investment he makes, either as a citizen or as an individual, so our health center must prove its value and by so doing become a vital part of community life. This imaginary health center can be made real in any community where the people are in earnest, under the leadership of a competent organizer who has the time to acquaint herself with the needs of that community and the vision to see "that never yet was pure ideal too fair for men to make it real."

### A HEALTH CENTER IN A LARGE CITY<sup>1</sup>

By ROBERT H. BISHOP, M.D.

*Commissioner of Health, Cleveland, Ohio*

It is rather difficult to say just when health centers, if you can call them such, were first developed in Cleveland. In fact, I find some difficulty as I begin to write about our work to define just what a health center is. I have read carefully practically all that has been written on this subject and as near as I can judge, every community is taking the liberty of defining a health center. In one instance we see an effort to do an intensive piece of work in the prevention of tuberculosis in a circumscribed area; in another an attempt is made to carry on an intensive piece of work in the prevention of infant mortality. Here you have specialized groups of nurses, there you have generalised

<sup>1</sup> Read at the twentieth annual convention of the American Nurses' Association, April 30, 1917.

nursing, and the generalization of the nursing work is nowhere the same. There is more or less agreement that a health center shall operate in a definite district with a definite population but there is no uniformity even in this respect. It is high time that some effort be made to standardise this work so that we shall know what each of us is talking about, so that we shall have a basis for comparison of results and costs. Most important of all, and this to my mind should be the guiding thought in the development of health center work, the plan should be blocked out and made operative first and last from the standpoint of health administration on the district plan. The time has come when each community in this country should begin to shape its public health work; it should take on form and develop efficiency and thoroughness. It is time that all private organizations should be getting together and thinking in terms of the community. They should as a group plan the health department of their city. Enough time and money has been expended upon experimentation. It is clearly seen that tuberculosis, infant mortality, venereal diseases and all the rest are public health problems. Put your health department at the head of the line, fall in behind, and in ten years' time we shall see results that we do not now dream of.

Cleveland has put its health department at the head of the line. It has cost money, the money of private organizations, to do this; it has cost time and effort on the part of a great group of private individuals, but it has been worth all it has cost and it is beginning to pay dividends.

We are now in the fourth period, chronologically at least, of our development. The first period, prior to 1910, was a period in which private organizations initiated work in the prevention of tuberculosis, infant mortality and general nursing work. Working under separate organizations, nurses were trained and employed in the various fields of activity. Dispensaries were established, surveys were made and a general appreciation of the size and needs of each individual problem was reached. You are all familiar with this phase of the work and I dare say most of you are in it now. As a result of this work, the question was being asked, "Where is all this leading us?" The problem is so great we can not supply enough nurses or establish enough clinics to meet the needs of the community as a whole. What is the answer? The answer was given by a group consisting of all those interested in each particular piece of work which had been developed up to that time. The answer was that we must seek for the development and financing of the local health department in order that it may take over these various pieces of work and out of public funds support them and develop them to meet the needs of the community as a whole. In coöperation with

the city officials, a reorganization of the health department was undertaken; two new bureaus were created, the Bureau of Child Hygiene and the Bureau of Tuberculosis.

The second period, beginning with the year 1910, ending with June, 1915, was a period in which these two new bureaus were developed under public control and largely with public funds. The working forces of each private organization were incorporated in the new bureaus so as to insure the success of the work from the start. The private organizations were ready and willing at all times to supplement the work of the bureaus by providing nurses, paying rent for dispensaries, buying supplies, until such time as public funds were available.

There was failure in one respect at the beginning. Each bureau adopted similar schemes for organization, the city was divided into districts with a dispensary and a working force in each district, but these districts were not uniform nor did they conform to the districts established by the private organizations doing general nursing work or those established by the medical inspection department of the Board of Education. There was no geographical or population basis for comparison of results, a condition which resulted in confusion and uncertainty as to the problem as a whole. During this period the work extended rapidly, fifteen prophylactic child hygiene clinics were established and thirty-five nurses employed. In the prophylactic clinics only well babies were cared for; sick babies were referred to and treated at the Central Dispensary, operated by a private organization. There were seven tuberculosis clinics with a force of thirty nurses.

About this time, early in 1915, the question of generalized nursing began to be discussed. Without going into the pros and cons of this question with which you are all more or less familiar, suffice it to say it was decided to take one district of the city and try it out. Accordingly, in June, 1915, a district with a population of approximately 100,000 was chosen, the tuberculosis clinic in that district became the center. A district supervisor was put in charge of a force of six nurses and was made responsible for the tuberculosis, general and contagious disease nursing. Some months later the child hygiene nursing work was added. The district was subdivided and a nurse was placed in charge of each subdivision. The entire work of the district, in so far as it concerned medical and nursing service, was headed up in one central building. All clinics were held here: the general medical clinic in charge of the district physician (clinics daily); the tuberculosis clinic in charge of part-time physician (four afternoon and one evening clinic); the prophylactic child hygiene clinic in charge of part-time physician (three mornings a week).

There were problems of adjustment and difficulties of many kinds, but the work developed nevertheless. There are figures as to the volume of work, but they do not mean anything for we have nothing with which to compare them. We do know that after eighteen months of careful watching and study of the contact of the nurse in the district with the various types of cases, of handling of the family problem instead of the individual, of the ease and greater efficiency in administration, we were convinced that general nursing was practical, that the principle of health administration on the district plan was the correct and only efficient one, and on February 1, this year, the health department organization was changed to conform to the district plan.

The city now is divided into seven health districts. Each district has approximately 100,000 population. The work of all the bureaus, as rapidly as possible, is being made to conform to these districts. A new bureau has of necessity been created, the nursing bureau, the chief of which stands on a par with the chiefs of all the other bureaus. She is responsible to the commissioner of health, in joint conference with all the bureau chiefs, for the development and application of the nursing work to each health district. Each district has a centrally located dispensary in charge of a nurse known as the district supervisor and a working force of from six to ten nurses, depending upon the character of the district. Each nurse is responsible for a subdistrict. The nursing work in each district is developing along these lines: (1) General nursing, (this only in one district); (2) Tuberculosis, (in all districts); (3) Child hygiene, (in all districts); (4) Venereal disease, (in all districts); (5) Contagious disease, (in all districts); (6) School inspection, (in all districts, in parochial schools this is separate from the school inspection in public schools).

The general nursing work, outside of the one district referred to, is conducted by the Visiting Nurse Association. This work will be extended to all the districts as rapidly as we can increase our field force of nurses. This particular service calls for an expenditure of more time per case than any of the others. We found, too, in our experimental district that the general nursing work increased much more rapidly than any other, which is explained by the more thorough contact with the district and the more frequent and regular service. This phase of the work varies considerably during the different months of the year and of course varies in amount in the different districts.

The tuberculosis nursing work is highly developed in each district. Bedside care is given to all bed-ridden cases. Positive cases are visited at least every two weeks and contacts once a month. The great majority of private physicians' cases are cared for in the same manner as the

dispensary cases, the nurse working in coöperation with the private physician and under his instructions.

The child hygiene nursing was the branch of nursing service that it was thought would suffer through the general nursing service. This has not been the case. We have an absolute check on this end of the service in so far as an initial call upon a newborn babe is concerned. The Division of Health issues to each new born babe a health certificate; these certificates are delivered in person by the nurse. A personal letter from the mayor of the city is also delivered to the mother, congratulating her upon the new arrival and advising her of the need of careful medical supervision which the city provides in case she has no private physician. The nurses find that these certificates are of great value in securing admission to the home and in establishing a friendly working relationship with the mother. They have been the means, too, of increasing our birth registration which is far from perfect even now. The mothers are urged to bring their well babies to the prophylactic dispensaries which are located either in the central dispensary or in the district, as the need may be. Sick babies are taken or sent to their private physician or to the sick babies' dispensary centrally located in the city. Here the expert physicians in charge examine the baby and the orders are telephoned to the central dispensary the same day; a written copy of the orders follows in the morning mail.

In venereal diseases, what we call prophylactic clinics have been established in each one of the health centers. The city is placarded with signs calling attention to the need of medical care in such cases and referring them to the city dispensaries. Upon their arrival at the clinic (and there are four afternoon and one evening clinic) the physician makes a preliminary examination, obtains the name and address and refers the case if it needs treatment to one of the special genito-urinary clinics of which there are three in the city; or if the patient can afford it, the case is sent to a reputable private physician. The nursing service comes into play only when the case fails to show up at one of the treatment clinics.

In contagious diseases, the nurse is responsible for placing quarantine, instructing the family, also for taking of release cultures in diphtheria and removing quarantine and supervising disinfection. We are hoping big things in this particular field of nursing work for if there is any one phase of public health work about which there is more general misunderstanding than there is about contagious disease, I do not know what it is. The instruction that was given in times past by the sanitary patrolman was little or none. Now the nurse spends

time in teaching the mothers and members of the household concerning methods of infection, the dangers under certain conditions and the need for personal cleanliness. She concentrates upon the individual with the disease and makes him see the danger that he is to the community.

In school inspection work the same system is being developed as has been in operation in the medical inspection department of the public schools. The nurses visit the parochial schools, assist the physicians in their inspections and examinations of the pupils, give health talks and make such home investigations as are necessary.

We have found it necessary to continue one group of nurses to do special work. This group of three nurses and a supervisor has charge of the midwives, the adult and infant eye work. Later, when our force is enlarged, the eye work may be put on the district basis.

That a nurse is capable of doing general work we are demonstrating every day; it is being demonstrated elsewhere too; but it goes without saying that she should have preliminary training. This was early recognised as essential in connection with each special piece of work. This has been provided for in a very thorough manner in Cleveland. Under the old scheme the different groups chose any section of the city they wanted for training purposes; now a definite section of the city has been set aside. The health department has no responsibility with it and in the district all training of nurses in every branch of public health nursing is here conducted. This district is known as the University Training District. The school of Applied Social Sciences, Western Reserve University, has absolute control of the work; the supervising nurse is a member of the faculty of the above mentioned school. She has a staff of four or five experts in various lines of nursing work. The work is planned and laid out with every thought for the benefit of the students and at the same time they are responsible for the nursing work in the district as a whole. Here all experimenting will be done and as fast as this or that method is found to be practical, it will be applied to the work in our districts. In other words, this group of experts will set the pace for all the rest of us. The graduates will be placed in the health department districts as fast as they are available.

You are wondering about the connection with the relief agencies of the cities; how do they fit into the scheme? At the present time, the Associated Charities, a private relief agency, covers the city on a well-organised district basis, there are splendid harmony and coöperation, but unfortunately the districts do not correspond. One of these days, however, the municipality will extend its work along these lines and the districts then will conform to the health districts.

The dispensary work in each district will develop gradually as the Division of Health is able through the possession of funds to take on new functions, into general medical and surgical clinics. Prenatal work must soon be added, mental hygiene and dental clinics also, and it is our hope and dream as these centers become general clinics, that there can be developed one big central clinic to be under the supervision of the medical school, with the full-time professors in charge of the various departments supervising the clinic work. The students would be assigned to work in the various departments of this clinic and also to work in the health centers. The full-time bureau chiefs and also the full-time district medical officer, who will be in charge of all public health work in each district, will constitute the staff of the school for health officers in the University. In other words, it is our hope that the Health Division may be so connected with the University that the municipality may have the services of all their valuable full-time men of science, that also through the University connection better men and more permanent men may be made available for full-time service in the Health Division.

It is hoped too that the services of such a diagnostic clinic can be made available for the private physicians, cases can be referred for diagnosis, and more important still that the great middle class of people, who for various reasons under the present scheme of things are denied dispensary service, may avail themselves of its services for a nominal fee and that then in the light of a thorough expert examination which is out of their reach at the present time for financial reasons, and I might add for the reason that the average physician has not the time or ability to render it, in the light of such an examination the case is returned to his private physician for treatment.

There are immense possibilities in the health center. It is right, absolutely right, from the standpoint of health administration. The organization is workable, it is elastic and with it in operation we shall be better able to view the problem as a whole. We shall be better able as we see seven separate and yet similar problems, clear-cut and outstanding, instead of feeling an overwhelming large community problem, to place our attack and inspire our workers and I am sure obtain results.

PRINCIPLES OF NURSING ECONOMY AS APPLIED TO  
COMMUNITY HEALTH CENTERS<sup>1</sup>

By WILLIAM CHARLES WHITE, M.D.

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I desire first to express my appreciation of the honor of addressing what I believe to be, in modern times, one of the most powerful organizations for human welfare. As a national organization, you hold in the hollow of your hands the welfare of the populace which you are organized to serve. You are supplanting much of the physician's work on one hand, and the ordinary inspector's work on the other hand, thus segregating a wholly new coalition of human endeavor.

You have heard outlined to you a plan for the health activities of a small community and of a larger city. You have asked me for a plan for a county unit, and I cannot give it to you, for the very reason that a county unit is fundamentally wrong in principle and a uniform plan can never be outlined for all counties. Compare, for instance, Philadelphia County with Lycoming County in the state of Pennsylvania, the former with more than a million and a half people packed into an area not one-twelfth the size of the latter, which has only a meager eighty thousand souls scattered over its large acreage. Or, compare Chester County with Juniata and Dauphin Counties, the former with its rolling surface and towns easy of access, the latter with their high hills and inaccessible areas, and you will readily see how impossible it is to give any uniform plan that will fit all counties. The task is an impossible one, and I intend, therefore, not to try it, but to suggest to you a broader and sounder principle which, eventually, I think, we must come to, as a simple law of government in the matter of public welfare. In leading up to the principle of government, however, I think it is right to start with the statement that a public health nurse can do only a certain amount of work a day. If she be given more than this, she cannot do it well, and if she be given less, the state is not getting its fair return for its past investment in her education. Obviously, a worker can pay more actual visits by traveling up and down the stairway of a packed tenement house in Philadelphia than she can by scaling the mountain sides of the Allegheny Range in visiting the scattered population of that region. A comparison of the tales of your own group in the Carolina mountains with the tired workers of the Henry Street Settlement will present to you the contrast that I

<sup>1</sup> Read at the twentieth annual convention of the American Nurses' Association, April 30, 1917.

am trying to make in another way. A determination of the results in ultimate good, need not concern us for the present.

Two more problems are presented in the groundwork which we are trying to lay for our superstructure, which we trust will provide uniform care for all those requiring nursing aid in the United States. After we have determined the optimum number of hours and amount of work per hour that will allow each nurse to proceed most advantageously with her task, and this fittingly may be called the nurse hours per day, we must consider two variants with which we have to deal. The first is the nurse herself, and the second, the tasks performed.

First, with regard to the nurse, you must all have shared at times the opinion of the public that there are nurses who should not be nurses, and nurses who could fill any position requiring ability and trust the world over, and between these two extremes all grades, the results of whose days' labor are as variable as the agents employed to do it. This refers to those nurses who have been given a diploma by a school for educating nurses.

Besides those nurses who are registered or who have a diploma or a certificate, we have a number of other groups doing honest nursing work in the nation. In fact, I think the majority of the nursing work is done by the first of these groups which I will mention. I refer to the mothers and sisters, and aunts and grandmothers of the country, and no one can deny that the most intelligent kind of nursing work is often done by this great body of women without nursing diplomas. There come next the various religious bodies and sisterhoods devoting themselves to nursing work, then a large group of voluntary agents attached to various charitable organizations, whose labor, I am inclined to think, because of its intermittent character, is of questionable value. People do not stop being sick or poor or disabled on account of some apparently important meeting or social engagement which breaks into the time of these voluntary workers. Nevertheless a great deal of nursing work passes through the hands of the above-named groups, and many are actually attended in a nursing way by them. To these we must add two other large bodies, who do a vast amount of intelligent inspector's work preceding the entrance of the nurse or physician to the household for attendance upon the case. I refer, first, to the teachers in our schools, whose early recognition of a great majority of defects such as running ears, running noses, and physical defects of eyes, teeth, throats, glands, arms and legs, is often an indication to the nurse and physician for more special observation, and, second, to the members of the profession of the ministry, who in their daily visitation in the homes come in contact with, and by their superior education are

able to alleviate much suffering, by urging skilled advice. Perhaps to these, we can add policemen. All of these groups, to serve properly a unit of any size, must come under the supervision of our educational system, which has in hand the production of agents for this service, if we are to get uniform care of the populace of the whole nation.

We come now to the other of the two variants: this is the modification of the work of the nurse determined by the community in which she is to serve. There is a delineation of the character of work for special regions, which is caused by the bent of the community. What I mean will be apparent to you by the modification which malaria and hookworm give in the south; industrial diseases, in a city such as Pittsburgh; and so on—a vast determination of the character of work by community and region.

Nursing work stands midway between service, such as physicians render, and first-hand aid, such as is rendered by the other groups of which we have just spoken. An analysis of the field of work performed by the nurse, however, shows how wide her range of duty is. From inspectors of family cleanliness to administrators of great institutions and governance of regions; from tacking up placards of measles and scarlet fever to research work in the health laboratory; from modification of milk for the new born babe to the expenditure of the money of the family budget to secure the most calories per penny for the other members of the family; or from the care of 40 or 50 families to administration of the whole nursing problem for eight or nine million people.

Obviously, all these types of production cannot be excreted from one common type of nursing education. Further than this, I am going to be so bold as to say that there is not a single nurses' educational school in the United States that has made a good attempt at the matter of producing such a variant group as is demanded by any unit in health work today.

Perhaps, before proceeding to suggest a plan for reconstruction for your consideration, it would be well to analyze in a destructive way, what has happened in the nurses' educational schools in common with all educational departments attempting to give a specialized or segregated type of education. In the first place, the schools of education for nurses are dominated by antiquity in two or three ways that they must shake from their garments before they can proceed. I think the most vicious of these inheritances is that trustees insist that those in charge of nurses' departments shall get the work of the hospital done. This they do by throwing the cloak of education around their schools, and this is too often only a blind for cheap labor in the institutions of this country.

I know of no group of women for whom I feel so much personal sympathy as the superintendents of large so-called training schools for nurses. Their perplexities are many, and I doubt if they will be lighter until many boards of trustees with antiquated visions are finally laid to rest; but a new doubt arises in my mind when I propose this, because I am quite sure that new boards will rise with the next generation which will be just as antiquated. Until boards of trustees connected with hospitals have been finally incapacitated by regulation for any function save that of raising money and financing the institutions, the real educational duty of the school can scarcely proceed at its best gait. I find in talking over these matters with the various superintendents of training schools from time to time that they feel very keenly that the problem of providing a fitting response to all who want to make a demand on the nurses' school is different from any other problem in the world. It is, however, only different in that boards of trustees demand cheap labor under the cloak of education.

Another relic of antiquity is the nurse's diploma, which, I am afraid, is too often but a blanket covering a multitude of deficiencies, required by an agent for public health work. Diplomas in the future will be simply indicative of the fact that a certain specific course has been taken, not an indication to all the world that, for instance, the holder of a nurse's diploma has a complete knowledge of the whole nursing field. This weakness, however, and those that follow, are difficulties shared in common with all education at the present time. The other difficulties in connection with the nurses' training schools, which they share in common with all schools giving specific education, may be summed up in this, that they are trying to crowd all growth of knowledge into a limited period of years without taking any cognizance of the variation in the schools that are fitting students for these higher schools of study. As a matter of fact, we have reached the day of delineation of courses of study which will extend sooner or later from the primary school through to the emergence from the educational system, of the ultimate the student elects for her specific life's work.

In order to provide for the nursing field, in other words, the courses of study cannot begin with the nurses' school, but must begin back in the secondary school, probably in the primary schools, and delineation of courses must extend throughout all of these. But before this can be done, it becomes necessary to do what I wish to propose to this organization as its first duty, and that is an analysis of the ultimates fulfilled by nurses in the public health field. This would take a year or two of labor, and an expenditure of money. The first step would be to tabulate the different duties which nurses perform as a result of

being nurses in any health unit, county, city or town, and then to begin a process of analysis of courses by learning from the most successful practitioners from these different fields of work: that they ask hospital administrators, for instance, to analyze, by retrospective study, what subjects should be included in a course for hospital superintendents. These would all probably agree upon 50 per cent. Eighty per cent might agree on 20 per cent of the balance, and soon we would arrive at the proper course for hospital superintendents extending through the years for hospital education of this group, but also descending into the secondary schools and so on by analyzing group after group, until we reach a group of nurses over whom still should be exercised more or less maternal restriction. But this is a day of searching for the principles of specialized fields of work and no theorist can probably fittingly state what will produce the best practitioner of any art or vocation which we choose to name.

After this careful analysis of ultimates has been carried out, you shall then begin to suggest reconstruction of the nursing schools and secondary schools all over the United States and project the results of your analysis in the higher schools of vocational training in the universities and, as a result of your analysis, those having to do with education will begin on a sound basis the reconstruction of nurses' education in this country, so that the special demands of any unit will be a constant production of the educational system. Further than this, you will allow by 30 per cent or 20 per cent of the studies chosen, upon which the practitioners do not agree, a certain field of election for those who signify their intention to enter one or another of the ultimate vocations in nursing. I have listened to all the arguments that are offered against this suggestion, such for instance as this, that we will narrow, by specialization, or that we should demand a more general education and so on, a host of others. None of them seems to me valid nor have I seen any who cling very rigidly to any of the arguments advanced after carefully thinking the problem over.

But I must hasten on, to offer another principle that must underlie the care of any unit. To express this in a single term, our care of the populace must be determined on a basis of a unit of equipment for a unit of population. The equipment in size must fit the demands of the community. A mere outline must serve you. The different tasks in every community must be apportioned in accordance with the general demands of the community. If we approach the problem from the nurses' standpoint, we shall reach the same end. Perhaps it will be easier to express this if we give names to those fulfilling the tasks. To the first group we will give the name visualizer. She will take care

for her unit of population of the services common to all communities and will require a training in which visualisation forms a large factor. To her will be given 50 families or perhaps 100 families or 200, as the demands for her services exist. To her shall be entrusted the card catalogue which shall denote for each family of her group the general requirements, such as number of rooms per person, bathtub privileges, privy disposal, hot and cold water, family cleanliness, drunkenness, waste, stupidity, etc. She must know the whole problem of the group with which she has to deal and in her daily rounds she will be sensitive to requirements for help in more special conditions which present themselves for reconstruction. Her daily duties will include family help, care of sick, getting meals, getting children ready for school when emergency arises. For other rarer conditions, she will put in a demand to the central station for an advisor, which we give as a name to our next group. But her education will continue throughout life.

Advisors will have longer years of study and will be nurses specially trained in tuberculosis, infectious diseases, child welfare, school inspection, laboratory work, cancer, specialists who come forth as the result of a larger number of special elective advisory courses,—courses which will include field and hospital work, and require a longer time.

Beyond the advisory group, there will be the consultant group. These may be men or women who have taken a higher or longer course of education, or they may be physicians, or they may be those who have developed a wholly new field of special service supplying a demand with which our educational system has not yet become familiar. Such conditions occur in the industrial disease groups frequently, or special and new infections for a locality.

Beyond the consultant group will be specialists who will be largely those in the medical service, and each group will have its equipment for the unit provided in such size as to meet the the demands of larger and larger circles of people as the demand becomes rarer. This plan will work, not only for a town unit or city unit, but also for a county unit, for a state unit and for a federal unit, and the educational system which has to provide this demand must delineate its work so as to provide the fitting agents for service in this unit.

I may indicate to you that for tuberculosis, probably, an advisor for 200,000 people would be quite sufficient; for cancer, perhaps one advisor for from 100,000 to 300,000 or 400,000 people; for pneumonia, one advisor for 50,000 or 100,000, as the season determines the necessity; for infant welfare, one advisor for 50,000 or 100,000; and so on. Our analysis, however, would soon prove to us the nursing equipment necessary.

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The provision of the physical equipment for different units of population is a more difficult problem than the provision of service. Our physical equipment has grown in such a haphazard way that no relation exists between supply and demand, and no relation is now possible without a careful analysis of existing equipment and of its ability to fill the demand.

Freedom to dabble in public health and charity is open to almost any group who may so choose, without restriction. Such a state will doubtless continue as long as state governments conceive it to be their duty to dominate smaller units of population within their borders. The duty of state governments should rather be to set low limits and urge their constituent units to accept responsibility and local autonomy to proceed any distance they wish beyond these limits in the matter of public welfare.

Few state governments, and for our purposes especially those divisions of state governments dealing with health and welfare of its population, have learned the great truths of local autonomy. Fortunately, however, the state of Ohio has seen a great light, which Cleveland and Cincinnati and Dayton reflect. As soon as local autonomy becomes a great factor in modern life, analysis of units of population can begin; and when municipal analysis has proceeded far enough, wise synthetic reconstruction can proceed and a proper relation be established between physical equipment and community demands.

I feel very strongly that from within such great bodies as yours there should come the stimulation to analysis which shall be the pointing finger to reconstruction, which shall have for its basis the soundest principles of political and educational economy, then we shall have a method which shall be as applicable to a large and scattered county as to a densely populated industrial city. It seems to me that the secret of this is a unit of equipment, as I have tried to outline to you, for a unit of population, and a local autonomy which will develop within each unit of population the personal interest of each in-dweller of the territory occupied by this group, and then each autonomic group shall become a vast civic educational institution fitting supply to demand. Large cities will then be but the multiplication of smaller units of population, which can be adequately handled.

METHODS OF CONTROLLING VENEREAL DISEASE<sup>1</sup>

By A. N. THOMPSON, M.D.

*Brooklyn, New York*

National affairs demand that a great deal of thought be devoted to the subject under discussion this afternoon. The Medical Board of the Council of National Defense has called many meetings and conferences upon this topic. At these meetings prominent men from all parts of the country discussed measures for maintaining the welfare of the men called to the colors. The enthusiasm, patriotism, and I might say, the internationalism, with which these conferences have discussed the great problems of syphilis, gonorrhea, prostitution and alcoholism in their relation to the physical and moral welfare of the military and civilian population, were inspiring. The representatives of the Army and Navy, United States Public Health Service, state and city health departments, national organizations of specialists in public health, dermatology, urology, genito-urinary surgery and medical research have participated.

The reason I impress upon you this fact is that syphilis and gonorrhea present a problem of broader scope than those of us who are working in the immediate vicinity of the patient sometimes realize. We lose our perspective, in other words. The recommendations made at the conferences of the Committee on Sanitation, will, when carried out in the different departments of our Federal government, conserve the health and resources of our country beyond my power to picture. By the positive control of alcohol alone, the food saved will be great; the health saving cannot be measured. With venereal diseases reduced to a minimum, untold power will be added to our forces, both civil and military. Venereal diseases are so prevalent, so insidious in their onset, so far-reaching in their damage to public health, that positive control must be developed. The strategic position is found in the hospital and dispensary organization. Here we have a common centre between the groups that must coöperate in any efficient control work. The civic and educational organizations of the community can combine and coöordinate their efforts.

We know that gonorrhea and syphilis exist, but how large a percentage is, or has been infected, by these diseases is not known and does not make any material difference. It is safe to say, however, that there is as much syphilis as tuberculosis and that gonorrhea is extremely

<sup>1</sup> Read at the twentieth annual convention of the American Nurses' Association, April 30, 1917.

prevalent. Of this, there is definite knowledge. In all public health work, the community should be taught the methods by which disease is spread, the need for early scientific diagnosis and the necessity for treatment, efficient treatment that terminates in a positive cure. The ideal of preventive medicine must be presented to the layman as well as to the doctor. Let "Keep Well" be our slogan so that we shall not have to set up "Get Well" as a motto.

To summarize the practical attack on venereal diseases, it may be said that the first line of attack, consisting of the discovery, treatment, and control of infected individuals, should be led by the health departments, coöperating with clinics, hospitals, and the private practitioners; the second, comprising the efforts to eliminate environmental conditions favorable to their dissemination by human carriers, must be led by the police departments, coöperating with courts, law-enforcement agencies, and the citizens; the third, directed toward protecting the uninfected, can best be led by the school departments, coöperating with moral and social agencies and the parents. In all the diverse activities of these three major lines of conducting this health-conservation battle, there stands out prominently the need for enlisting the forces of the dispensary and the hospital. This is so, largely, because the association between treatment and prevention is more intimate in this than in any other group of diseases. It is necessary that the members of the medical profession as well as other leaders of the community shall frequently review these facts in order that they may have the courage and the persistence to convert this problem from one of the conspicuous failures of public health to the conspicuous success which science has made possible.

(At this point Dr. Thompson showed a series of about 35 lantern slides illustrating methods and facilities for the control of venereal diseases through dispensary and health department activities.)

I shall enlarge upon the first line of attack, consisting of the discovery, treatment and control of the infected individual and endeavor to show you the close relationship of the dispensary organization. As nurses, you will readily see in this work the opportunity for a tremendously enlarged field of endeavor. The general public must be instructed in sex hygiene and venereal diseases as the first step. This can be done by lectures conducted under the auspices of the young men's and young women's organizations, church clubs, social hygiene societies, schools, etc.; proper books and pamphlets become valuable additions to such talks. Quacks must be combated, the patent medicine evil must be fought, and young men must be warned against false and misleading statements. Health exhibits do a tremendous amount of good. The exhibit held

at Coney Island during the summer of 1916 by the New York Social Hygiene Society was visited by 20,000 men in about eight weeks, a considerable number was brought under treatment, and a large number given advice; we feel that the entire number received some benefit.

The infected individual must be warned against the charlatan and the patent medicine faker. The health department begins to come in actual contact with the individual at this point. Signs advertising the facilities of the health department for diagnosis and treatment are put up in toilets, work shops, public comfort stations, etc. The Brooklyn Hospital has entered this field, advertising its treatment facilities.

The medical charlatan and patent medicine faker must be eliminated before making much progress in preventing the spread of gonorrhea and syphilis. The quack signs must be removed. When the health department and the Brooklyn Hospital signs go up, the quack sign comes down.

In addition to his advertising, the quack has resorted to the pamphlet. Instead of writing up false statements, plain truth must be given and the health departments and hospitals issue pamphlets for that purpose. The American Social Hygiene Association has in consideration at the present time some new pamphlets which will be available to anyone interested. Typhoid carriers are not permitted to remain at large and handle our food and contaminate our water supply. Why should the carrier of syphilis? It is, therefore, a function of the doctor, the clinic, the employer, and the health department, to cooperate in the control of food handlers and other classes that may be particularly a menace. The clinic physician individualizes the case and gets to know the patient. For that purpose ample facilities, ample social service, ample clinical records, etc., must be provided. Educate the patient; convince him that he must get down to business and stick until he is cured. In the waiting room, the wall space is covered by all kinds of posters, signs, charts, bulletin boards, etc. We feel that they have done a tremendous amount in aiding clinic control.

The door from the waiting room into the history room has a sign upon it reading, "You must come to the clinic regularly for treatment," and the specific advice and aids for treatment are shown with a final line, "Don't stop treatment until the doctor tells you that you are well." The patient sees that when he comes in, he has to see it, because he has to open the door and the sign is on a level with his eyes. The bulletin boards show a motley array of quack signs as a "bad" exhibit and also the signs of health departments and clinics that maintain advanced facilities. The bulletin board near the door to the

history room is divided under three headings, prevention, syphilis and gonorrhea. Notices are posted under various shapes, colors and wordings and are changed weekly. They are usually in easily understood language and sometimes in common parlance.

A follow-up system is very necessary for successful community control. When the patient does not come back, we send him a card in a sealed envelope, and this card has generally worked. The most interesting part of the function of being connected with the clinic is to sit down once a day and read the letters telling us how nice we are and how much the writers appreciate our interest. They give various excuses for not coming regularly: their job doesn't permit them, or they haven't ten cents, or a dose of salvarsan costs too much; and so on. The only solution is that we must go on and do even better work. On the score card, every visit is marked and the patient automatically comes up for consideration by the director of the division.

I would urge that your own education in sex hygiene should be taken up with very considerable pains. I would plead with you not to damn your neighbor who through his lesser understanding has need of your encouragement. In the broadest sense, support the movement for better sex education, better enforcement of our laws governing commercialized vice, and take a vigorous part in your field of endeavor whether coming into direct contact with syphilis and gonorrhea, or not. Get into the fight, as we said down at Coney Island, to prevent syphilis and gonorrhea.

The Council of National Defense, after an exhaustive study of conditions in Europe, has recommended that an effective zone, under military control, be created about all military commands as the most practicable and effective measure for the prevention of venereal diseases. The selective draft law prohibits the sale of intoxicating liquors to men in uniform and gives the Secretary of War practical authority to repress prostitution, in the following sections:

Sec. 12. That the President of the United States, as Commander in Chief of the Army, is authorized to make such regulations governing the prohibition of alcoholic liquors in or near military camps and to the officers and enlisted men of the Army as he may from time to time deem necessary or advisable: *Provided*, That no person, corporation, partnership, or association shall sell, supply, or have in his or its possession any intoxicating or spirituous liquors at any military station, cantonment, camp, fort, post, officers' or enlisted men's club, which is being used at the time for military purposes under this Act, but the Secretary of War may make regulations permitting the sale and use of intoxicating liquors for medicinal purposes. It shall be unlawful to sell any intoxicating liquor, including beer, ale, or wine, to any officer or member of the military forces, while in uniform, except as herein provided. Any person, corporation, partnership,

or association violating the provisions of this section or the regulations made thereunder shall, unless otherwise punishable under the Articles of War, be deemed guilty of a misdemeanor and be punished by a fine of not more than \$1,000 or imprisonment for not more than twelve months, or both.

Sec. 13. That the Secretary of War is hereby authorized, empowered, and directed during the present war to do everything by him deemed necessary to suppress and prevent the keeping or setting up of houses of ill fame, brothels, or bawdy houses within such distance as he may deem needful of any military camp, station, fort, post, cantonment, training, or mobilization place, and any person, corporation, partnership, or association receiving or permitting to be received for immoral purposes any person into any place, structure, or building used for the purpose of lewdness, assignation, or prostitution within such distance of said places as may be designated, or shall permit any such person to remain for immoral purposes in any such place, structure, or building as aforesaid, or who shall violate any order, rule or regulation issued to carry out the object and purpose of this section shall, unless otherwise punishable under the Articles of War, be deemed guilty of a misdemeanor and be punished by a fine of not more than \$1,000, or imprisonment for not more than twelve months, or both.

The Secretary of War has addressed a letter to the governors of all the states, asking their coöperation in the repression of vicious conditions in connection with the training camps, in part as follows:

I am very anxious to bring to the attention of the state councils of defense a matter in which they can be of great service to the War Department. In the training camps already established or soon to be established large bodies of men, selected primarily from the youth of the country, will be gathered together for a period of intensive discipline and training. The greater proportion of this force probably will be made up of young men who have not yet become accustomed to contact with either the saloon or the prostitute and who will be at that plastic and generous period of life when questionable modes of indulgence easily serve as outlets for exuberant physical vitality.

Our responsibility in this matter is not open to question. We cannot allow these young men, most of whom will have been drafted to service, to be surrounded by a vicious and demoralizing environment, nor can we leave anything undone which will protect them from unhealthy influences and crude forms of temptation. Not only have we an inescapable responsibility in this matter to the families and communities from which these young men are selected, but, from the standpoint of our duty and our determination to create an efficient Army, we are bound as a military necessity to do everything in our power to promote the health and conserve the vitality of the men in the training camps. In this respect we can learn from the experience of the European armies, where disabilities due to venereal disease have in some cases been extraordinarily high.

I am determined that our new training camps, as well as the surrounding zones within an effective radius, shall not be places of temptation and peril. The amendments to the Army bill recently passed, a copy of which I inclose herewith (Secs. 12 and 13), give the War Department more authority in this matter than we previously possessed. On the other hand, we are not going to be able to obtain the conditions necessary to the health and vitality of our soldiers without the full coöperation of the local authorities in the cities and towns near

which our camps are located, or through which our soldiers will be passing in transit to other points.

Will you give earnest consideration to this matter in your particular state? I am confident that much can be done to arouse the cities and towns to an appreciation of their responsibility for clean conditions; and I would suggest that, through such channels as may present themselves to you, you impress upon these communities their patriotic opportunity in this matter.

I would further suggest that as an integral part of the war machinery your council make itself responsible for seeing that the laws of your state and of Congress in respect to these matters are strictly enforced. This relates not only to the camps established under Federal authority, both the present officers' training camps and the divisional training camps soon to be opened, but to the more or less temporary mobilization points of the National Guard units. It relates, too, as I have indicated, to the large centers through which soldiers will constantly be passing in transit to other points.

As I say, the War Department intends to do its full part in those matters, but we expect the coöperation and support of the local communities. If the desired end cannot be otherwise achieved, I propose to move the camps from those neighborhoods in which clean conditions cannot be secured.

## THE RELATION OF THE GRADUATE NURSE TO THE PROBLEM OF SOCIAL HYGIENE<sup>1</sup>

By MRS. WILLIAM FALCONER

*Sleighton Farr, Philadelphia, Pennsylvania*

The preceding paper tells what fine work can be done with a good dispensary in the way of treating and curing and caring for those who are suffering with venereal disease. I would like to have you go a step further back and see what we can do to eliminate the necessity for venereal disease, to eliminate prostitution, if we can, to fight prostitution.

A woman physician who was in a medical school about ten years ago said to me, that while she was getting her medical training, and later when she was connected with one of the hospitals, she never heard the subject discussed and no information was given her, no instruction. I was wondering if the same thing were not true with regard to that great group of overworked women whom I see before me here, today. And I feel I ought to apologize to you for coming to you with a message urging you to take upon yourselves one more thing than the things you are already trying to do. I do not know of any group of people who are more overworked than nurses. Perhaps you are too highly trained, I don't know; so trained to obey yourselves that I sometimes

<sup>1</sup> Read at the twentieth annual convention of the American Nurses' Association, April 30, 1917.

wonder whether it takes most of the initiative out of you; you are so tired, physically. But these things are so important and so vital that we turn to you for information and for help, because it is a nurse's problem and because it is a woman's problem.

The question, for instance, which will follow the mobilization of our troops is, Will commercialized vice be stimulated, and what are we going to do about it? Are we going to wait and have more maternity homes and try to take better care of illegitimate children and have more dispensaries, where we would treat carefully those who are suffering with venereal disease? Or, shall we try to meet the problem before that thing becomes necessary? Shall we try to get hold of the situation and see what we can do to meet it?

The government is wisely doing a great deal in calling to its service such men as Dr. Snow and others to look after this question of venereal disease. Now we have to be just as keen and just as ready to go forward and look after the question of commercialized vice, for the young girls and young women who may be induced to go into the communities where the troops may be mobilized. I believe that is one of the burning questions for women to consider. Do not let us wait until later. We ought to be able to do something with it now. I think women ought to be blamed more than men for the double standard, we have been so much more willing to forgive men than we have women. I would have you not expect less of the women nor less of the men, but I would have you expect more of the younger men.

Take the question of literature, which the last speaker presented. A few years ago it was difficult to get the right kind of literature. Is it not the nurse's business to discuss those things with the patient? I believe it is, if it is done wisely and tactfully and intelligently. Put yourself in touch with organizations where you can get good literature, that you may be helpful to the pupil who needs help.

What are we going to do about conserving our young girls? We talk about conserving our resources in so many ways, conserving our infants. You are urged, undoubtedly, to take greater interest in the question of infant mortality and better food. I plead with you today to conserve our young womanhood in the time of this national crisis. We are not going to do it unless we can have an aroused public conscience. Fortunately, we have advanced a long way. We hear less and less about the question of its being a social necessity.

I believe very much in the educational value of the moving pictures. I believe in the play "Damaged Goods," both as a play and also as it is given in moving pictures. It was said, "Oh, what a pity to give that

to mixed audiences." I was asked by a small group of men and women in Philadelphia recently to see a picture that is going to be put out on the market on the question of social hygiene and sex instruction. I believe in it, because it puts the responsibility where it belongs, on the parents. Some people present said, "What a pity they cannot be given to the parents alone." But I say it is going to be given to the future parents, and after all isn't that where we must begin our work, with our young men and young women? If we thought they would all come in and sit down and read the pamphlets and literature, perhaps we would have less need for this popular education.

I believe many of us are willing to stand for sex instruction, but we are not sure of the next step, how to give it or where to give it; but of this we are sure: it ought to be given in small groups. Now if that is a question for nurses and doctors, then I would lay it at your door.

Why have so many girls been driven into prostitution? In the first place, many of them are mentally deficient and need that care which we are not giving them here in Pennsylvania; because we have no place to which we can commit a feeble-minded young woman to be cared for past the child-bearing period. The institutions that we have are crowded. Excellent work is done at Spring City, but there is no place in Pennsylvania where we can place these girls out under the protection and care of the state, and we find them drifting around largely into the cities and adding to the large army of prostitutes. I think the whole situation, though, is wonderfully hopeful, because so much more is being done now, and because of the changed attitude from what we had a few years ago. We are getting away from what we chose to call superiority of silence. Men and women can discuss this openly and frankly and say to each other, "What can we do about it? What can we do to make our men and women and our parents realize their responsibilities?"

It has been my privilege twice to talk to women who had been keepers of immoral houses and who, I believe, had honestly repented. They both had what I believed to be a very earnest desire to help girls; I felt that they, a great deal better than any one else, would know how to talk to girls, and I was interested in getting their point of view. I said to them, "Why do girls do it?" One said she didn't realize, she hadn't thought what she was doing. She had lost her mother when a little girl and had been drifting about from one relative to another. And she said, "If we could only get hold of the mothers and make them responsible and make them think." I said, "Can't we get hold of the future mothers?" We want to have a

better standard of parenthood, to try and raise the standard of parenthood of both our boys and girls, so that they may realize their responsibilities. I believe we have aroused a public conscience. We hear less and less about the necessity for a segregated district. We want to try to do away with the necessity for so many maternity homes.

I believe that you should take an interest in a conference on parenthood and legitimacy. It is not a question of how to collect statistics about illegitimacy and how best to take care of it, and whether the mother should be made to take care of her child in childhood or indefinitely, but what we are going to try to do to stop illegitimacy. I think that is a question which we ought to meet frankly if we are going to try to conserve our young womanhood. We do not want to shut our eyes blindly and feel, "Well, I haven't anything to do with that. I don't know anything about it. I don't know where to get any literature about the subject." I believe it is woman's problem to work for girls and women; and you as nurses ought to be in a position to help so many, to help the girl who comes to you and then to help her to go back and reach other girls. They can do it, often, so much better than any one else, because they know the temptations which are coming to girls, and they ought to have a message for the girls in that community. When I think of the opportunities in the industrial centers in this city, I say, "I will take care of the particular girls who may have come to me, but who is going to take care of the brothers and sisters of that family to save them from having to be sent away from home?" And so I would have you do the same thing in each case of illegitimacy, prostitution and venereal disease that may come to you. We are asking you not to be satisfied with clinics, much as we need them, not to be satisfied with having better hospital facilities, much as we need those for the care of venereal disease; but ask yourselves, "How are we going to stop it? What are we going to do to arouse the public conscience?"

One of the things we must do is to try to make recreation clean and wholesome, so that the heedless, thoughtless girls, after long hours of work, will not be tempted and fall into the hands of vicious people. Remember that the very joy of living is hers. When a girl wants something to do, when she wants companionship, let us step in and help her to find companionship in the right way and provide the right kind of places for her. Put yourself back in that girl's place and see how necessary it is for her to have that companionship.

It is the young girl in the rural community who needs our help so much. In the large cities we have so many organized agencies to look

after the dependent and delinquent children, to look after recreation, but what about the boy and the girl in the rural community, the boy and girl who are drifting away from home too quickly because they want a good time? There is no place provided for them in the cities. Now if you go back to the rural communities, where you go to work or on your vacation, I wish you might take an interest in the young girls. I believe they need a great deal done for them if we are going to keep them out of the cities and keep them from drifting into prostitution and feeding this great commercialized business, because it is a business largely in the hands of men. They are the ones who are making money out of it. The girls are seeking an opportunity for self-expression which they ought to have given them in their own small community. Persuade people to open the schoolhouses for recreation and spend their money in that way. Is that the nurse's job? I believe it is the nurse's job. I believe it is every woman's job, if we are going to conserve our young womanhood.

#### RURAL NURSING: ITS SIGNIFICANCE IN THE SOUTHERN MOUNTAINS<sup>1</sup>

By WARREN P. WILSON, Ph.D.

*Columbia University, New York, N. Y.*

I want to pay high tribute to the great place the Red Cross occupies at the present time in our national history, because of its very nature. It impresses me as the only society that can bring the people in the little communities in the way of rendering service to the nation, into an organization that will give them a helpful hand in this great work of the world. I am concerned with the people in little communities, and it is my business to tell them to organize in every place, if permitted by this great society, some auxiliary, some small unit, that will enable them to deliver their contribution to our soldiers when they are in the trenches across the seas. I read the other day a pamphlet of this society telling in precise detail what garments or appliances any woman could make to add as her contribution to the help of the nations in this great struggle of the whole world.

Now as to the mountain people of the south, who live on the great backbone of this continent, the great eastern mountain range, they are in the section of the country into which seven of our states, the two Virginias, the two Carolinas, Georgia, Tennessee and Kentucky, reach

<sup>1</sup> Abridged from an address delivered at the twentieth annual convention of the American Nurses' Association, April 30, 1917.

back until they meet. Professor Tait of Virginia, who recently died, a great southerner, himself, says the mountains of the south are the source of the population of the south; the people of the south are constantly reinforced from the populous mountain counties, whence the population has to go out to find a living.

These people are to be studied tonight, not because they are exceptional, but because they are representative of country people. They have indeed an extraordinary share of the country's sufferings and the rural loneliness and the poverty and the struggle of the farmer, but because they have had that excess and have thus accepted it, they are to be considered as representing the country people of the United States. It is because they are marginal people, living where there is not very much of socialized life, that they are the concern of all people who live in the country.

Country people suffer the neglect of the medical profession as it is now organized. A doctor friend of mine has recently discovered that country people are not as healthy as city people; and all of us who talk about the country and know the country have known that always. Clergymen and school teachers long ago discovered the nature of the country, whereas the profession that needs to hear about the country is the medical profession, which has wholly neglected it. A doctor charges twice as much as usual to go to the country for an ordinary treatment, and in many parts of the country he charges four times as much to go to the country for the treatment of a confinement case. People who live in the country are penalized by the medical profession for living there. One of the results is, naturally, that people who live in the country suffer more from certain diseases and certain ills which the medical profession easily remedies for city people. There is a county in the south where a Red Cross nurse is engaged in service at the present time, out in the lonely mountain, where they never hang a man for homicide, but where the record for homicide is the highest of any county in the United States, and the reason they never hang a man for homicide is that there is never a jury drawn that has not on it a man who has killed another. And yet a woman coming as a social worker into that county, or a man as a minister or teacher, has in all the years of my knowledge of the mountains, the last twenty-five years, never been harmed, never been assailed.

Now these mountain people, dwelling by themselves, exemplify, it seems to me, the need of that thing which the Red Cross represents. For what is the Red Cross and what are these national organizations of nurses? Has not the time come or is it not coming when the service of the physician and the nurse will be national and not personal, when

the doctor will work for a salary by the nation and not for a fee by the patient? Is the time far off, and does not this war bring it a decade nearer, when the physician will come on the call of need and not on the call of the fee? I believe that is what these great organizations meeting here tonight mean in the history of America, they are an earnest and sign of the time coming when the physician and nurse, as the school-teacher, will be employed by the nation and by the state. The people today realize that if the farmer does not feed them they will starve, and they will realize it more in the next two or three years. Speaking for the farmer it is fair to say that unless medicine and the nursing profession can organize on that basis, the farmer will never have a doctor of his own. One-half the population of the United States today is concerned with farming, but for country people medical service in the family and nursing will be adequately given only when national agencies or national governments provide the doctor and the nurse.

This has been exemplified in very recent years, in our discovery of hookworm disease, which is peculiarly social. It is not difficult to cure, its symptoms are plain and evident, but it is a disease so dire, so blighting upon the individual, so degrading to the community, so impoverishing to the whole family, that it is a social calamity. Whole counties in the south, particularly these mountain counties, have suffered from this disease, so simple and so easy of cure or of prevention that the knowledge of it came in a very short time to the medical profession, and they went, under the leadership of the Rockefeller Foundation, through all those counties. That first campaign has been ended, and it may be fair to say that society has taken hold of the problem of preventing and healing this one disease. Now when sickness comes to be a social ill, and the state is impoverished by it, the state rises to heal it; and the sicknesses of the mountain country are social ills very largely. If we are to realize in the next three years that the farmer must feed us or we will starve, then we will send into the country, by some such agency as this, physicians and nurses. The citizens of the commonwealth have enough who will heal the ills of the country and who will work for the whole people as the soldier works.

In the mountain country for a number of years we had public libraries and we put stereopticon pictures on the wall. We showed the people that they ought to screen their houses. We showed them that they ought to provide sewage disposal facilities. We showed them that they ought to protect themselves against the fly, against the mosquito, and we showed the means of doing it. They would stay till midnight to see the pictures, and then go home and do nothing. We

found they were interested in every kind of demonstration, every sort of picture and lecture, but when we put a woman to work among them, to go and visit the scene, and when she said, "Screen this place, drain that ditch, clean up this filth," they did it. She came there to heal the sick when they were ill; she had an authority they never before had discovered. The residence of the nurse among the people was a demonstration and an appeal to the best intelligence, and the best intelligence is represented in the mountains. There needed to be some one to stay by the bed of illness, stay through the night and in the morning speak, and then they obeyed, and not until then. A woman in the mountains must demonstrate and must teach what health means. She must explain to individuals, she must plead the cause of better living, of hygiene; she must also teach classes in hygiene and dietetics, and especially first aid; for many parts of the mountain country are being timbered off and there are many accidents. Country living is always perilous, farmers suffer more than men of any other occupation, from physical injuries.

Then school children must be inspected. It must be made plain that defective hearing and vision and deformities in children can often be remedied and the child restored to society and enabled to go ahead in his class, who before was retarded.

The mountain country presents ills, pneumonia in the winter, intestinal disorders in the summer and in the fall, from ignorance of dietetics. These are the chief ills. In some parts of the mountains, typhoid and tuberculosis are practically unknown. These things are not beyond remedy, they are within control.

The care of women in childbirth, prenatal advice and the care during confinement are of profoundest importance. Many of these sections where women go to work are scores of miles from a physician.

It is in conditions such as these that the work of the mountains is often done. It is where the white race and the Anglo-Saxon of the purest stock face the chasm and the abyss, where the atmosphere of immorality is ever put before the young, who are scarcely ever in church, who know nothing of science, who farm by the moon, so far as they farm at all, and disgrace the splendid traditions of the fighting man of the mountains and our people.

The nurse's duties include the work of the nursing and care of little children through the days of their early growth. One of them wrote me recently about little Magnolia Annie, two years of age, who had been brought in from off the border, just breathing, a mere skeleton. The mother told her the story of how the child was near death; Miss Rich took hold of the child, insisting that the mother must do pre-

cisely what she said, and learned that the grandmother had come the day before, hearing the child was ill, and the first thing she did, remembering that the child liked chicken, was to broil a whole chicken and set it before the almost expiring child. By the utmost care and the daily visits of two nurses, the child was brought back to health and strength.

I want to say if there is any woman who wants to serve her country, I invite her this night to consider the southern mountains. She will not be paid much; she will go into a land where the romance carries her over the hardships. She must not go if she is afraid to be alone; she must not go if she cannot learn to ride a horse; she must not go if she is afraid to have her horse, when she is leading him down a narrow trail, pitch headlong down the mountain side.

Now I want to say to you that if you do go, you will never want to leave the mountains. There is something about the hardships and the romance of that country that wins the heart of man and woman.

We are facing today a new experience. We are a fit people, a rich people, a free people, and God has given us much; we know a little but we are learning a great lesson and part of it we are going to learn in this great school.

It seems to me the Red Cross has a great part in the assembling and volunteering of the many out of this new world of women who are entering into a place in the state service; this great army of women who, until now, never knew that they had a vast independent service to render. The Red Cross shows them the great opportunity to give their part to the state and the world, and may God grant that some of you may find a place to fill your heart in the southern mountains.

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The Colorado State Board of Nurse Examiners will hold an examination to examine applicants, according to the law, in September, at the State House, Denver. Apply to Louise Perrin, R.N., State House, Denver, Colorado.

## DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

*Collaborators: S. LILLIAN CLAYTON AND ANNA C. JAMME*

### THE TRAINING SCHOOLS AND THE PRESENT CRISIS

It has been evident for some time that we have been approaching a rather critical situation in nursing affairs, owing to the rapid expansion and extension of the nursing field, and the difficulty of securing enough specially trained and qualified women to fill the higher positions where nurses are now in demand. This situation has not always been apparent to the individual nurse or the average nursing school, but now with the pressure which has come from the departure of many of our nurses to France, we are all beginning to feel the necessity of doing something immediately to increase our regular nursing forces and particularly to supply larger numbers of well trained women for the more important positions which are clamoring to be filled. The problem is a national one and what we do now is going to affect profoundly, not only the future of the nursing profession, but what is much more important, the life and health of the nation during the critical years which are to come.

The problem in its main outline is a comparatively simple one. In addition to all our heavy responsibilities at home, we have a big new army to supply with adequate nursing care. We must also expect that all our existing hospitals, sanatoria and convalescent homes in this country will be taxed to their utmost capacity and new ones will probably be needed to care for the human wreckage which will very soon be drifting back from the overcrowded hospitals of France.

What the present nursing resources of the country are, we have only a very general idea, and we can make only a rough guess at the proportion of nurses of various kinds who are needed to supply the normal nursing demands of the average community. A survey of the nursing resources of New York City is now being made and this is to be followed, probably, by a country-wide census of all the forces which can be depended upon for nursing service of every kind. The results of this census will be exceedingly interesting and valuable, but we cannot wait till we have definite data from all parts of the country before starting to increase our nursing forces. We have abundance of evidence to

show that we shall need more recruits than we can train in the next few years, and that for the teaching and direction of the rank and file of that army, we need a very large proportion of officers and leaders—women of superior qualifications, education and training, who can be pushed into positions of responsibility as quickly as they can be prepared. Some indication of the urgent need for such specially qualified leaders may be gathered from the fact that several large and well known bureaus and organizations, such as the Department of Nursing and Health at Teachers College, the National Organization of Public Health Nursing and the Intercollegiate Bureau of Occupations, state that they seldom fill more than 10 per cent of the requests that come to them and that they are constantly embarrassed and distressed by the number of urgent appeals which they are helpless to meet. This is particularly true of positions for instructors and superintendents of training schools, and leaders and organizers of various public health nursing activities. The demand for such workers will undoubtedly be greater now that a considerable number of our better qualified women have gone or are going abroad. The question is, How are we to fill up these ranks most quickly and with the most effective forces?

It is very plain that we will get no satisfactory or permanent relief through any of the short-course plans which are being urged to meet the special war situation. The need both here and abroad is for the best trained nurses that are to be had, and until we find that it is absolutely impossible to build up an adequate nursing force of this type, we should not be willing to accept any inferior quality of service. Quite apart from the danger of disorganizing and breaking down professional standards which have so painfully been built up for the protection of the public and of our own workers, the introduction of irregular amateur service is both uneconomical and inefficient. The time spent on teaching and supervising such workers, even if they are to perform only elementary duties, could be spent much more profitably on a stable and more or less permanent student staff of workers who would then be able to take over more and more responsible duties, and in a comparatively short time to relieve graduate nurses both in the hospitals and, if necessary, in certain public health organizations outside. Instead of a more or less disorganized and variable service of limited scope and usefulness, performed by free-lances, we would have an organized body of regularly enlisted recruits, who could be depended on for a continuous and steadily more valuable service as pupils for at least two or three years, with the prospect of many more years of expert service as graduate nurses.

If even a few hundred of the "voluntary aids" who were rushed in to help out in the hospitals of England in the beginning of the war could have been put through the regular training, they would have served their country much more effectively and they would now be ready to relieve the sorely-pressed regular forces that have been bearing the heavy end of war nursing work. Besides they would now be entitled to full recognition as nurses with all kinds of interesting professional opportunities before them. Such a plan would have prevented, too, the exceedingly complicated situation which is being created by the demand of some of these semi-trained women for regular nursing diplomas, on the basis of their experience and service in war hospitals. Even if no such complication should exist, we cannot help lamenting the sad loss of promising material for regular nursing ranks, and the waste of so much good time and good ability which might have been so much more profitably spent in a well-planned, nursing course. If the short cut to nursing work had not been open, undoubtedly many of these women would have taken the regular course.

The whole situation is being very carefully studied by the National Nursing Committee (now working under the Committee of the General Medical Board of the Council on National Defense), which represents all our national nursing organizations, the Red Cross, the Department of Nursing and Health at Teachers College, and includes several experts in public health, medical and social work. This committee is convinced that the best way to meet the situation is for all hospitals having good facilities for the training of nurses, to enlarge their entering classes as speedily as possible, providing temporary living accommodations, and additional teaching facilities, if necessary, for this purpose. They also strongly recommend that every effort be made to arouse interest in nursing as a profession, and that every inducement should be offered to bring into this field more women of the type needed for organization and leadership.

There are several sources of good material for nursing schools which we have not fully tapped, but the best is undoubtedly the increasingly large group of young college women who have the advantage not only of well-trained minds, and a substantial body of knowledge but who also have usually had their eyes opened to social needs and who are eager and ready to take their part in constructive social work. The claim which is often advanced, that college women are no more skillful in their technical duties, or more responsible or efficient in their ward work in the hospital than bright high school girls, may be perfectly justified. It is a familiar argument in discussing the advantages (or disadvantages) of a college education in business or industry to say that

the college man is often in the preliminary stages, inferior to the smart young clerk without such training. The real test comes farther on. Other things being equal all the evidence goes to prove that apart from the prestige and confidence which a college course gives, the college woman of good ability with a broader point of view and a habit of thinking and digging into things, will go much farther, will strike out in newer lines more readily, and will accommodate herself more quickly and surely to changing conditions and needs in her line of work, than the one without a college training.

It is precisely for such recruits as these, bringing initiative, originality, intelligence, trained thinking powers, and a good background of sound knowledge, that we are in the greatest need in nursing today. The government, searching for the same kind of material from which to select and train the officers for the new national army, has drawn very largely from the colleges and higher educational institutions of the country. Every other profession makes a high bid for college-trained men and women, and it would seem to be perfectly obvious that this is the main source from which we should be drawing the leaders for our new nursing army. The principal difficulty in the past has been the length of the nursing training which, superimposed on the four years of college work, has seemed to many self-supporting college women a prohibitive requirement. The competition of other occupations, such as teaching and secretarial work, requiring a much shorter period of preparation, has usually been too strong for us. The present national emergency has, however, created a strong interest in nursing among college women, and many have been asking what allowance, if any, our schools would be willing to make for their years of special training. An informal inquiry was sent out by the three original members of the National Nursing Committee to a number of representative nursing schools, asking how many would be willing, during this period of special stress at least, to allow a reduction in time to college women bringing substantial scientific training. Most of them were willing to allow eight to nine months in the usual three-year course and some would allow the full year. The response was so prompt and generous that the committee is confident that many other hospitals would be willing to make a similar arrangement.

The Committee then sent out an appeal to recent graduates of all the women's colleges in the country, urging on them the special claims of this important field of national service, and stating the terms on which they might now enter. It is too early yet to look for large returns, but we know that largely as a result of this appeal one hospital alone has already admitted seven college women for the special sum-

mer class, and there is every reason to hope that many more will be represented in fall classes throughout the country.

The question of what would constitute a satisfactory basis for this exemption in time is already coming up. The courses which are important for our purposes and which will be found in practically every good college are biology, chemistry, physics, hygiene and sanitation, psychology, sociology, economics and ethics. Some colleges also include courses in household economics, nutrition, child hygiene, child psychology and social economy. It would be unfair to demand that every applicant should have covered any large proportion of these courses, but it is suggested that as a minimum each student applying for the exemption of eight to twelve months, should have covered satisfactorily at least one full year of regular college work in each of the following subjects or their equivalents: biology, including human physiology and bacteriology; chemistry, or chemistry and physics; sociology, or economics or social economy; and psychology or psychology and ethics. Good courses in English, history and language will, of course, be taken for granted.

812-1349  
The general scheme of training for the condensed course will have to be worked out by the individual school, but it is probable that the first year will follow the usual lines, except for the science courses which have already been satisfactorily covered. The theoretical work in the second and third years is seldom too heavy to be combined in one year if the hours of ward duty are not excessive. It is believed that the period of practical experience in each department can be considerably condensed without loss to the student, if only some of the routine housekeeping work could be eliminated and the time planned more carefully with special reference to the best training and experience for the nurse, rather than the greatest convenience and economy for the hospital.

It will be an interesting experiment to work out, and it ought to give us a better basis for developing a satisfactory policy for affiliating with and crediting the work of higher educational institutions. It will need a generous attitude on the part of training-school people, and a good deal of tact and patience to work out the new plan. We will have to recognize the fact too that we are on trial as well as the college girl. We believe that we have a great deal to give to her, but she has also much that she can bring to us. If we can only hold a good number of these new recruits we may see the beginning of the new day in nursing, for which we have been looking and working so long.

## NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

The Countess de Bourbon has returned to her native village to do all that she can to assist in nursing the French wounded. She is nine years old, wears the nurse's uniform and helps the grown-up nurses in such duties as she is capable of performing.

Women are now employed in France as glaziers, replacing broken panes of glass in houses and shops.

One of the English bishops has an episcopal ring which, instead of jewels, as is customary, is set with small pieces of ruby and sapphire stained glass, fragments from the famous windows of Rheims Cathedral, shattered by the Germans.

A number of English women carpenters after being trained at home were sent to France, where they are putting up huts for the British soldiers. Two years ago a far-sighted woman worker said that before the war was over the men all would be wanted for actual fighting and that they would be glad to hand over the work behind the lines, to the women.

A war correspondent writing from a French village recently evacuated by the Germans said the discipline of the common soldier was good, when he did brutal things he at least had the grace to apologize on the ground that he was under orders. "All the world will think us barbarians," said one on his way to cut down apple trees. But nowhere did the officers drop their professional brutality. A poor, weak, old man, very short-sighted and timid, was given three days' solitary confinement because he failed to salute a junior officer, and was fed on black bread and water. Great numbers of women between sixteen and sixty were carried off into slavery, some to work in the fields, some for other purposes. No word came back of their particular fate; mothers wild with grief, anxiety and rage crowded round the war correspondent, wailing in hysterical anguish.

The British hospital ship *Asturias*, while steaming with navigating lights and all proper distinguishing Red Cross signs visibly illuminated, was torpedoed and sunk without warning by a German submarine. Thirty-one lives were lost, besides twelve persons missing.

The French Chamber of Deputies has proposed that the Entente Allies establish a High Court of Justice to judge those responsible for

all crime and criminal attempts committed by the enemy during the war. The resolution says that the Germans are systematically disregarding the law of nations, that atrocities are increasing and that the German nation, in tolerating silently the misdeeds perpetrated in its name, becomes an accomplice and assumes all responsibility.

Thomas Collins, a blacksmith of Biloxi, Mississippi, forged an iron cross weighing forty pounds and sent it to Senator James K. Vardaman, with the inscription, "Lest the Kaiser forget." Vardaman was one of the senators who excited the indignation of the country by obstructing the passage of the armed neutrality bill by the Senate.

Madame Breshkovskya, the famous Russian agitator for democracy, who has spent forty-four of her seventy-three years in exile, some of them in the fortress of St. Peter and Paul, arrived in Petrograd recently and was enthusiastically received by the veterans of revolutionary and terrorist times. She is called the grandmother of the revolutionaries.

The British War Office has decided to remove all distinctive marks from hospital ships, as the Germans make them special subjects of attack. Hitherto, the hull has been painted white with a green band and red crosses, also they have carried special flags and lights which will be discontinued.

A hospital ship torpedoed not long since carried 167 wounded German prisoners, in addition to 234 wounded British officers and men. Of these, two British and two German officers were drowned, also 17 British and 13 German wounded of other ranks. One hundred and fifty-four wounded German prisoners were rescued by British patrol-vessels at the imminent risk of being torpedoed themselves.

At the great service at St. Paul's Cathedral, London, to mark the alliance between the United States and Great Britain, for the first time in the service of the Church of England prayer was offered for the President of the United States and the King of England together. The flags of the two nations floated side by side. Harriet Beecher Stowe's Battle Hymn of the Republic, "Mine eyes have seen the glory of the coming of the Lord," was sung. The sermon was preached by Bishop Brent of the Philippines.

A pathetic discussion took place recently at S. Dunstan's Hostel for Blind Soldiers, Regent's Park, London. The question under discussion was whether it was preferable to be born blind, or to become blind after reaching manhood. The majority decided that it was better to have seen. The speakers were quite contentedly sure that the main business of life is to be happy, and if a blind man would only keep on sticking to it he was bound to get there.

## EVENTS OF THE DAY

IN CHARGE OF

GARNET ISABEL PELTON

August 1 begins the fourth year of the Great War and August 6, the fourth month since the entrance of the United States into the world conflict. Our declaration of war with Germany and the Russian revolution, occurring within three weeks of each other, were the two momentous events of the third year of the war, two of the most significant changes in the history of the twentieth century.

**OUR WAR ACTIVITIES.** The first, almost instant, help we gave our Allies was money, which we are continuing to lend them.

On May 4, our first contribution of military power, a flotilla of American torpedo-boat destroyers under Admiral Sims, arrived in England to help in the destruction of German submarines. That this squadron has been of real service is indicated by the fact that the submarine toll reached its high-water mark in April and showed a reduction after the American vessels reached the scene of operations.

Our War Department, on May 7, announced that orders had been given for the forming of nine regiments of army engineers, which were to be sent to France as quickly as possible for railroad work along the lines of military communication.

In May, also, the Red Cross Base Hospital No. 4, of Cleveland, Ohio, fully organized and equipped, arrived in England on its way to France. Since then, several others have left for the same destination.

June was signalized by: (1) the registration on June 5, of about 10,000,000 men of fighting age, in accordance with the terms of the recent Army Draft Bill; (2) the oversubscription of about \$800,000,000 to the \$2,000,000,000 Liberty Loan; (3) the oversubscription of \$14,000,000, to the \$100,000,000 campaign fund for the Red Cross; and (4) the arrival in France of General Pershing and contingents of his division, our first troops for the battle-front.

**CONGRESS.** Congress, having quickly supplied the country with money to begin the war and with men for an army, has lagged in food measures, although on the production and control of food in this country may hang the fate of the war, since we must feed our Allies as well as ourselves. The Espionage Bill, however, has given the President power to proclaim an embargo on exports in order to insure food first for this country, then for the Allies, and then for the neutral nations,

if possible, provided none filters through them to Germany, except dairy products for the women and children. The Food Production Bill among other things attacks hoarding food to raise prices, and the Food Control Bill prohibits the use of foodstuffs for the manufacture of distilled liquors and directs the President to commandeer all distilled spirits now in bond. Mr. Hoover, who will become food administrator on the passage of these bills, is ready to act instantly and has already appealed to the women of the nation to help in the economy of food.

**WAR MISSIONS.** The English and French War Missions, which came over in April, have been followed by one from Italy, headed by the Prince of Udine, cousin of the King; by a Belgian Mission; and by one from Russia. All these missions have come to bring greetings, to express the gratification of their governments at our entrance into the war, and to discuss ways and means for securing the most effective coöperation of the United States. They have all been received by the President, the Senate, and the House of Representatives; they have visited the tomb of Washington; journeyed to various parts of the country; and have been received everywhere with overwhelming enthusiasm. Almost simultaneously with the visit of the Russian War Mission to this country was that of our commission to Russia, headed by Elihu Root, a most experienced and scholarly statesman.

**RUSSIA.** Russia, blinded by sudden liberty after centuries of darkest oppression, was on the verge of chaos, through the extreme radicalism and inexperience of the Council of Workmen's and Soldiers' Delegates, a body powerful in numbers but not representative of the majority of the Russians. The Provisional Government, made up of men of the best training and the noblest minds in Russia, aided by stern advice from the Allies, has at last prevailed. Russia is now pledged to continue the war to the end with her Allies and has eagerly begun an offensive on the eastern front.

**CHINA.** In China there has been a revolution of the northern provinces under the leadership of the military governor, General Chang Hsun, who forced the dissolution of parliament, made President Li Yuan a virtual prisoner, set up a provisional government, and restored the Manchu dynasty by putting the boy emperor, Hsuan Tung, back on the throne. After a week the republic seems to have once more regained power. The pretext of the revolutionists was to compel China to enter the war.

**GREECE.** Constantine of Greece has been forced by the Allies to abdicate in favor of his second son, Alexander, who is supposedly pro-ally. The king is strongly pro-German; his wife is a sister of the

**Kaiser.** At the beginning of the war, Constantine refused to help Serbia, which by treaty he was bound to do. Bound also by treaty to let any ally of Serbia send troops through Greece, he has been continually treacherous to the Allies. Venizelos, head of the pro-ally party, is again Premier.

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#### ADVICE FOR "CRAMPS"

How often is the trained nurse perplexed by having a timid, modest woman come to her for a remedy for cramps accompanying the menstrual period, either for herself or some member of her family, explaining that she "hates to go to the doctor with just the cramps." Of course it is always the nurse's duty to explain that "just the cramps" may indicate trouble which can be cured by the early attendance of a physician and a great deal of more serious trouble be thus avoided later. Many women suffer greatly at this time for no apparent reason; it is this class which most frequently comes to the nurse for advice.

It is never safe at any time to suggest the use of viburnum or other drugs of that kind without the doctor's advice, even though one thinks they might help; for even a non-opiate drug habit is very easily formed and very hard to break.

Have the patient take hot ginger tea with a little cream, and then sit over a pail of steaming water. This is a harmless remedy which our grandmothers used and which I have found gives quick relief. Or, place the patient in bed, and tightly bind the hips with a bath-towel wrung out of very hot water. Then cover with a blanket kept warm with a hot water bottle. When the towel is cold, re-heat. Be sure to have the towel pinned very tight, for the pressure seems to help quite as much as the heat and resting on the back. Care must be taken that the patient does not get cooled off too quickly and take cold afterwards. One hour of this treatment is most effective for ordinary cramps caused by congestion.

## THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

### THE NEED OF INCREASED ENROLLMENT

Now that American troops are on French soil and our participation in the war has become active, nurses everywhere throughout the country will ask what is required of the Nursing Service of the Red Cross to meet the enormous demands which the war will surely make upon it. What are the probable demands? An army of 1,000,000 men in France will require at least 10,000 trained nurses—one nurse to every 100 soldiers. With an additional 2,000,000 troops in training camps, an additional 20,000 nurses will be required. The need of the Army for the next three years may be 30,000 nurses. The immediate need, that of the next twelve months, perhaps, is 10,000.

How are we prepared to meet these needs? The present enrollment totals 12,000 nurses. About 1000 of these have already been assigned to duty. Seven hundred and thirty-eight of them are now in France or are en route there. The Red Cross Nursing Service must greatly increase its enrollment, so that as fast as units are withdrawn for service abroad, other graduate nurses will be available to meet the needs here in our own country. In order that selections for service may be made without too great interference with the present activities of nurses, our enrollment should be increased by at least 1000 nurses each month. We have every reason to believe that the nurses will respond to this need, as we have enrolled during the last two months over 2000 nurses.

The Red Cross is working in close coöperation with the American Nurses' Association, an affiliated body with which it has for many years enjoyed intimate and harmonious relations. Practically all of the enrolled Red Cross Nurses are included in the membership of this association, and from the remainder many recruits for Red Cross Service may be expected in the coming months.

Another organization with which the Red Cross is coöperating is the Committee on Nursing, recently appointed by the Council of National Defense with M. Adelaide Nutting as chairman and Ella P. Crandall as secretary. The National Committee has undertaken to secure a census of the entire nursing resources of the country. It is roughly estimated that there are 200,000 women in the United States committed

to nursing as a profession. As a result of this survey, the actual statistics of nursing resources will be in hand. We shall know exactly how many must be eliminated because of alien nationality, age, or other disqualifying circumstances; and we shall know exactly how many can be counted upon as reserve forces.

The Red Cross is coöperating with this committee in a movement to enlist young college women in nursing as a patriotic service. As the Red Cross sees it, the big problem is not only providing for present nursing needs but safeguarding against the possible needs two, three, and five years from now. Therefore, it is urging that the young women of America who wish to render the highest service to their country in its time of need prepare themselves for the most efficient work as nurses by submitting themselves to the training courses of the high-class schools of nursing. Several of our leading schools have agreed to admit graduates of approved colleges, who are otherwise acceptable as candidates for nursing, to special courses which will grant them credit for one academic year.

The Red Cross will rely upon the thousands of Red Cross chapters, branches and auxiliaries, the Women's Committee of the Council of National Defense, and similar organizations of women to supply lists of volunteer workers when needed. These organizations are already compiling lists of volunteers in the various communities. The Red Cross has provided for the assignment of qualified volunteers to base hospital units and to military hospitals as nurses' aids. These volunteers will be selected from among those who have completed satisfactorily the Red Cross course in elementary hygiene and home care of the sick. A limited amount of actual hospital experience may be made possible for those definitely selected for service.

Emphasis, of course, is laid upon the service of the trained worker. Obviously the Red Cross must rely upon highly expert trained nurses for its technical work, especially for service in military hospitals, but there will be work for all, work for volunteers and work for experts, and all this work will be effective and efficient provided it is clearly related to other work. Our task is one of nation-wide coöperation. Every woman should be willing to accept service where she is most needed and for which she is best fitted, realizing that in this great coöperation no duty is menial or insignificant so long as it helps to the final result.

Realizing that the Red Cross activities will greatly increase when the enormous fund of over one hundred millions recently contributed is available, several appointments have been made at Red Cross headquarters to assist in the conduct of the Nursing Service. A new bureau

has been created for the "Instruction of Women" and will be in charge of Helen Scott Hay as director. Miss Hay has just returned from nearly three years' service under the Red Cross in Russia and Bulgaria and brings actual knowledge of war conditions and needs. Agnes G. Deans, so well known to the nurses of the country as former secretary of the American Nurses' Association, has accepted a position in the office of the chairman of the National Committee, where her knowledge of nursing organizations and training schools for nurses throughout the country will be most valuable. Anne W. Kerr is also connected with the chairman's office and is responsible for the examination of all applications for enrollment. Miss Kerr was for eight years the superintendent of nurses of the Division of Child Hygiene, Department of Health, New York City. This experience has made her especially well qualified for this important work.

Owing to the tremendous demands upon the Nursing Service of the Red Cross it has seemed desirable to appoint representatives in various places, not only to relieve Red Cross headquarters but to assist local committees in the details of the work. Carolyn C. Van Blarcom, recently with the Institute for the Prevention of Blindness, of Chicago, has been appointed representative of the Nursing Service in the Atlantic Division with headquarters at 1 Madison Avenue, New York. Lillian L. White, formerly of the University of California Hospital, San Francisco, has been appointed representative for the Pacific Coast Division. Miss White was for a number of years chairman of the Northern California Committee on Red Cross Nursing Service and has a thorough knowledge of the work. The California State Board of Health has graciously consented to allow Anna C. Jammé, director of the Bureau of State Registration of Nurses, to devote a portion of her time to Red Cross activities so that she will be able to cooperate with Miss White in Red Cross activities throughout the state. Julia E. Reed, formerly secretary of the Boston Committee on Red Cross Nursing Service, is devoting her entire time to the work of enrollment of nurses in that locality.

#### SAILING OF THE UNITS

By CLARA D. NOYES, R.N.

For approximately one year the Red Cross has been engaged in organizing Base Hospital Units for Army and Navy, (65 nurses); Hospital Units, (21 nurses and medical personnel); and Navy and Emergency Detachments, of nurses only. It seemed in the beginning, (and everyone hoped that such would be the case) that the chances of using

the first named type of organization was exceedingly unlikely. The Emergency Detachments had already been tried out by the Army on the Mexican Border. When war was declared, organizing nurses were urged to complete their task as promptly as possible in order that there should be no delay in case the hospital units were ordered into service. When the call came, on April 28, it was difficult to comprehend that it was really true, that our units were to be pressed into active service in a foreign country. The nursing personnel was scattered, adjustments had to be made quickly, an outdoor uniform had to be designed and adopted, and contracts let; application papers, physical and immunity certificates had to be examined and sent to the Superintendent of the Army Nurse Corps, who in turn had to issue assignments to duty, oaths of allegiance had to be given and papers returned. Nevertheless, exactly nine days later, May 7, the first Base Hospital Unit, The Lakeside of Cleveland, Grace E. Allison, chief nurse, sailed for Europe. This was quickly followed, on the 11th, by the Peter Bent Brigham of Boston, Carrie M. Hall, chief nurse; and on the 14th, by the Presbyterian of New York, Mrs. Janet B. Christie, chief nurse. On the 19th, three Base Hospital Units sailed, the St. Louis, Julia C. Stimson, chief nurse; The Pennsylvania of Philadelphia, Margaret A. Dunlop, chief nurse; and the Northwestern of Chicago, Daisy D. Urch, chief nurse. Then came an interval of almost three weeks, and on June 9, the Johns Hopkins of Baltimore, with Bessie Baker as chief nurse, sailed. This was accompanied by a group of 37 additional nurses, and as all the Base Hospitals took 64 nurses, each, with no nurses' aides, this made a unit of 101 nurses. On June 30, a group of 54 nurses with Esther V. Hassen sailed, followed on July 2 by the Roosevelt Unit, with Mary L. Francis, chief nurse, and a few days later, the Massachusetts General Hospital, Sara E. Parsons, chief nurse, and the Detroit Unit with Emily McLaughlin, chief nurse. The names of the nurses and their assignments are given in the report of the superintendent of the Army Nurse Corps. The total number of Red Cross nurses detailed to temporary duty with the Army Nurse Corps for foreign service is 731. Red Cross nurses seem to find it difficult to remember their relation to the Army and Navy Nurse Corps. By special act of Congress, the Red Cross nurse in time of war becomes part of the Army or Navy Nurse Corps, as the case may be, and she is under the rules and regulations governing the same. Although she still remains a Red Cross nurse, she is temporarily part of the military establishment. Her relation to the Army is comparable to that of the militia. She must recognise this relation and respect the authority.

It is an inspiring picture to see the nursing personnel of a Base Hospital ready to embark. The dignified uniform of dark blue cloth, the scarlet lining of the cape, giving a bit of color, the caduceus and letters U. S. on the collar, emphasizing the closer relation to the medical corps and the Army, are impressive and significant. The complete understanding of the nature of the mission is expressed in the face. There is no laughing or joking, yet there are no tears. Courage is written on each countenance and service wherever required seems to be the purpose.

No Base Hospital sailing showed these characteristics more completely than did the Northwestern Unit of Chicago, yet the entire country was shocked to hear, two days later, of the unfortunate accident occurring on the *Mongolia* whereby two members of this unit, Helen Burnett Wood of Evanston, Illinois, and Mrs. Edith Ayres of Attica, Ohio, were instantly killed by a defective shell used in firing a gun. At the same time Emma Matzen of Columbus, Nebraska, who was standing near by was seriously injured. It speaks well for the morale and courage of the nursing members of this unit to be able to say that absolutely no demoralization or hysteria followed this tragedy. The nurses themselves went quietly to work and did all they could to assist in helping to revive their wounded comrades, but without effect. The ship returned to the harbor, where the bodies of the nurses were put under charge of the army officials. Miss Matzen, the injured nurse, was first taken to the Navy Hospital in Brooklyn, but through the kindness of Miss Maxwell and the New York Chapter, was later removed to the Presbyterian Hospital where she was given every possible attention and was afterwards removed to the Walter Reed Hospital in Washington by the superintendent of the Army Nurse Corps, for convalescence. The bodies of the other nurses were removed to their homes and were given military funerals. In spite of this terrible tragedy, Miss Matzen, who has entirely recovered, was quite willing to return to duty in the foreign service and sailed with the unit of 54 nurses on Saturday, June 30.

During the month of June, the papers of 52 nurses have been sent to the superintendent of the Army Nurse Corps for the Army Hospitals in the United States, and many have been detailed to the new training camps which have been established throughout the country. It is interesting to note that the papers of 371 nurses have been referred to the superintendent of the Navy Nurse Corps and that 113 of these nurses have been assigned to duty in the various naval hospitals on the Atlantic and the Pacific Coasts. The yacht *Surf*, detailed to service on May 28 for the transportation of sick sailors from the war-

ships to the Naval Hospital, carries a staff of three Red Cross nurses. The first three to be assigned to this duty were Mrs. Virginia B. Vient, Sadie Sweeney and Elsie McDonald, all from Bellevue. These nurses gave up their month's vacation for this duty and were replaced on June 28 by three others.

The following appointments have been made on the staff of the Bureau of Nursing Service at the National Headquarters, Washington, D. C., in order to assist in the direction of that department with the organizing of base hospital units, emergency detachments, etc.: Vashti Bartlett, who has seen service at both Pau and Lepanne during the early months of the war, Florence Patterson who has been engaged in public health work in Boston, and Virginia Ward who has completed a six months' service on the Mexican border.

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The Occidental Nurses' Association of Korea held its annual meeting in Seoul, June 7 and 8. A very interesting and profitable meeting it proved for all. Steps were taken to record, as a matter of history, the names of the people and the work in nursing already done in Korea. Training school problems were considered at length, and particularly the need of a nursing textbook in the Korean language. Three hundred dollars was pledged by the Association for the production of such a book.

Dr. Mills, of Severence Union College, spoke on Cholera. After an absence of eight years, cholera again broke out in Korea. The total number of cases reported was 2,039, of which 1,237 proved fatal. The Japanese authorities were able, with prompt and effective measures, to prevent the epidemic from assuming greater proportions.

## FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

### DR. HAMILTON'S APPEAL FROM FRANCE

Despite the enormous sums needed for war costs, war nursing, war charities and war wastes, I yet hope that some friend of France may be found who will perceive what a lasting and living piece of helpfulness to that brave country, staggering under the immense burdens of defense against cruel invasion, it would be to help build a new hospital on the land bequeathed to Dr. Hamilton, of which we have spoken. Dr. Hamilton's appeal follows:

### MAISON DE SANTÉ PROTESTANTE OF BORDEAUX AND THE NURSING SCHOOL (FLORENCE NIGHTINGALE SYSTEM)

By ANNA HAMILTON, M.D.

This hospital, founded in 1863, recognized by Napoleon the Third in 1867, an "établissement d'utilité publique," receives since 1870, a yearly allowance from the Bordeaux town Council amounting to Fcs. 10,000, that is one-fifth of its present annual expenses, the Protestants of Bordeaux providing for the remainder. There are no debts on the hospital at the present moment.

This Institution consists of:

1. A hospital department of medicine, surgery, and special diseases for men, women and children, with free attendance for the poor Protestants of Bordeaux, and very low terms for sick Protestants, non resident in Bordeaux, especially British, American, Scandinavian sailors, who, being Protestants, are very grateful to find a hospital which reminds them of their country, and where the English language is spoken. Twenty-two doctors, chosen amongst the best of the town, are responsible for the medical service of the institution, which has also a resident doctor. They are assisted by 6 fully certificated nurses and 20 nurses in training (probationers).

2. A small department of paying patients, including several rooms for sick people of moderate means.

3. A lying-in ward with consultations for infants, created in 1903, attended by three visiting "accoucheurs" and one lady doctor.

4. An out-patient department, created in 1876, receiving poor patients of all creeds. An average number of 96 consultations is held every month, and numerous operations take place in this out-patient department, which receives about 12,000 patients yearly.

5. A free provision of remedies, dressings, etc. which enables a great many poor people to be cared for at home without being admitted to the hospital.

6. A service of "visiting nurse to the poor," created in 1908, to bring attendance to poor people who cannot come to the out-patient department. Since the beginning of the war, 475 ill or wounded poor people have been visited and attended to at home. They have received 3440 visits and have been provided with 4068 dressings, ointments, etc.

7. A service of nurses who attend to ill and wounded people of moderate means at their own home, for those not rich enough to take a nurse in the house, but who can pay for one or two hours a day of professional attendance.

8. A free register for nurses, to answer demands for trained nurses and find employment for same.

9. A school of nurses, created in 1884, reorganized sixteen years ago, according to the Florence Nightingale method, receiving paying and non-paying pupils of every religion, who follow during two years a complete course of study in the hospital, training themselves for service in civil hospitals, clinics, or for private nursing. This school, since its reorganization in 1901, has granted 106 diplomas and has 20 pupils in training.

Taking a general view of the history of the *Maison de Santé Protestante* we can point out seven important innovations: (a) In 1870 a field hospital service, spontaneously offered to the military authorities; (b) in 1870-71, public and gratuitous vaccination; (c) in 1876, opening of an out-patient department, the first in the town; (d) in 1882, creation of the first sanatorium for children in France, at Le Moulleau, near Arcachon (now an independent institution); (e) in 1884, foundation of the first nursing school in France, free and gratuitous, which was gradually improved to its present state; (f) in 1903, the first consultation for infants in Bordeaux; (g) in 1908, the first visiting nurse for the poor in France began her service, which never since ceased.

In 1914, directly after the outbreak of the war, one part of the building was set aside for the wounded soldiers, under the title of "Auxiliary hospital No. 2." On the 1st of May, 1917, this hospital had recorded 33,988 days of hospitalization. The civilian service was continued nevertheless, giving a total of 20,450 days of hospitalization during the same period, whereas the dispensary gave 24,113 consultations and the service of the visiting nurse for the poor amounted to 3440 visits, with 4065 dressings for wounds, etc. The nursing school continued, and we had a very large demand for our trained nurses, for military or Red Cross Auxiliary hospitals.

At the date of December 27, 1914, through the death of Elisabeth Bosc, the Maison de Santé Protestante of Bordeaux inherited the "domaine" (small estate) of Bagatelle, situated in the Commune of Talence, on the confine of the town, on the national road between Bordeaux and Toulouse. The testatrix had on several occasions expressed the wish that the Maison de Santé Protestante should be transferred to Bagatelle. The administration had therefore to examine whether this wish could possibly be put into execution; they knew the changes which have taken place in hospital technic and that the "park hospitals" are now much to be preferred to the ancient type of hospitals, which could be described more as "barracks." The administration fully realized that the building of the "Rue Cassagnol" had been utilized to the utmost, and that space was wanting to establish a really modern organization, to isolate sufficiently the different departments and to fit them up all on the same floor. It appeared also clearly that new services, which would be later on of great use, could never be established through lack of space, and that to lodge all the nurses of the establishment was a practical impossibility.

Therefore, notwithstanding a high offer which was made to the Administration for the purchase of the domaine of Bagatelle, it was resolved, for all the reasons given above, to fully study the possibility of transferring the whole establishment to the "domaine" bequeathed by Mlle. Bosc for that purpose. A plan was prepared, with an estimate which, in February, 1915, reached Fcs 400,000. In 1916, the architect declared that, on account of the rise of price for building material and workmanship, due to the war, the same estimate would be increased by Fcs 200,000. At the present date, May, 1917, the architect questioned again, answered that the execution of the same plan had to be estimated about Fcs. 800,000, owing to the tremendous increase in cost of all materials. This figure would be reduced, if things came back to normal conditions. Yet everything had been planned out in the simplest, though modern, view, the new premises equivalent to the ancient, with an increase of about 50 beds, that is a total of 110 beds, 7 wards and 14 rooms, an out-patient department and lastly a nursing school, really well organized, with lecture hall and drawing-rooms according to the English and specially the American principles.

En résumé: The "Maison de Sante de Bordeaux" exists since 54 years, has rendered great service to the sick of all religions, which caused it to be recognized as of public utility by the Government and to receive yearly allowances from the Town of Bordeaux.

It possesses premises, Rue Cassagnol, valued at 225,000 France and

a small estate on the National road to Toulouse valued at 250,000 F. It disposes of about 12,000 Francs income, and the annual budget is covered without deficiency, thanks to the generous collaboration of the Bordeaux Protestants and the Municipality.

It is well known in Bordeaux and all through France, for the service rendered to poor and needy people. Its nursing school (Florence Nightingale System) draws young women from everywhere, its recruitment is unique in France as regards the education and instruction of the candidates, more than half of whom pay their board, in order to obtain the privilege of the training in the hospital. The certificated nurses of the school are much sought by military and civil hospitals, the number of requests has always been greater than the number of candidates, especially since the war broke.

What is wanted at the "Maison de Santé Protestante de Bordeaux" is the means of becoming more modern, of increasing the number of its beds, and organizing its school, so that by its nurses it may spread over the whole of France, to be equal now and later on to the considerable misery and illnesses which will be the consequence of the war, in the different social classes.

It is with this aim that it appeals to those who are interested in France and wish to contribute in lightening her present and future burdens and difficulties.

I do earnestly trust that this great and urgent opportunity may be met. Dr. Hamilton has six months in which to try to raise money for building, and if she does not succeed, this beautiful domain, so perfectly adapted for the purpose may have to be sold, just because France has had too frightful a drain during this war. Will anyone ask for help who knows of an opening?

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COMMUNICABILITY OF CANCER.—Arthur Hunter, president of the Actuarial Society of America, has made a study of life insurance statistics which indicates that those in attendance on cancer patients do not contract the disease in an abnormal proportion. Neither are those whose parents, or grandparents, have died of cancer peculiarly subject to it.

## DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

*Collaborators:* BESSIE B. RANDALL, R.N. AND ELIZABETH GREGG, R.N.

**CASE HISTORIES.**—Van Shack (continued from page 726, May JOURNAL). The father has never been a patient. He is a sober, hard-working, industrious man, doing his best to care for his children and pay for his home. During this entire period of one illness after another, the family has been in the hands of a good physician, is living in its own house, which is well situated, well kept, well ventilated. The children are all anaemic and under-weight, but the many illnesses of the mother and her inability to give each child personal attention easily explain this condition. This is a typical case of recurrent illness in a family of small income, due to misfortune rather than to bad management. The mother, when well, is a careful housekeeper; the diet of the children is nourishing but not particularly varied; the diseases, pneumonia, measles, chickenpox and scarlet fever, from which the different children have suffered, are all infectious diseases to be avoided if possible, but also to be anticipated in childhood. In addition to the mother's tonsillectomy, two of the children have had their tonsils removed and the third child's may be removed later, but the doctor does not advise it at present. The expense to which this father has been put is surely an excellent argument for state health insurance, provided the dependents of the wage-earner come in for its benefits. But could any system of state health insurance have provided these patients with as good medical and surgical care as they have received? It is interesting to note that in spite of the fact that free dispensary service has been secured three times and free visiting nurse service has been given twenty-two times, the family has never received any material relief nor has it ever been registered with any other agency. In spite of the serious illnesses of the mother, the father has managed to keep his home and children together and to keep his head above water.

Sarah C. The following case illustrates the difficulty of handling with ease and dispatch a certain type of chronic patient for whom institutional care might at first sight, be indicated. The patient, Sarah

C., is a widow, 60 years old, born in England, living with her daughter-in-law, Mrs. A., who supports herself and her mother by going out washing. The daughter-in-law is also a widow. Mrs. C. has been registered by the Visiting Nurse Association through the Social Service Registration Bureau twenty-one times since November 6, 1911. (As all of the calls for the county physicians, who are also the free physicians of Chicago, are automatically sent to us, some of these registrations were made when the case was still open on our books.) In addition to the Visiting Nurse Association and the County Relieving Agency, Mrs. C. is registered with the W—— Memorial Hospital, where she has received both ward and dispensary treatment, and with the United Charities. The record of the latter agency dates from April, 1912 and shows that the case was largely a medical one. In fact, it was first reported when the daughter-in-law was temporarily out of work. The material relief given since then totals only \$4.00, with the addition of an abdominal binder given in 1913. The Visiting Nurse Association has had the patient with the following diagnoses: gastritis, cancer, hernia, influenza, "cold," gall stones, bronchitis, "stomach trouble," and floating kidney, having made ninety-four visits in a little over five years. During this period the patient has been operated upon for hernia and also, later, for gall-stones. She has had minor illnesses during these five years, but most of her trouble seems to be recurrent gall-stone attacks. The visiting nurse has not seen the patient in one of these attacks, the county physician has not seen her in one, and we have had to take the patient's and the daughter-in-law's statement that they were most severe but always short. Eight times during this period the case was re-opened, when only one call from a visiting nurse was necessary. At each of these visits we discovered that the attack was passed and that there was absolutely nothing more that we could do for the patient, for the daughter-in-law gave very good care and the severity of the attack had always subsided before the call came to us. The call always came to us through the county agent's office rather than directly from the daughter-in-law, although both patient and daughter-in-law knew how to telephone the sub-station and the main office for a nurse when other conditions made nursing care necessary. In addition to the ninety-four visits which we have made in this home, we have twice secured dispensary and hospital care. The largest number of visits made in any one period was thirty-five. We have given the patient general nursing care, surgical care, and have made visits when there was apparently nothing for us to do. Although the patient is somewhat broken in health, she is able to get down to the dispensary and has also been taken by us to

the office of a specialist who after giving her a very thorough physical examination, said that the scars of her two incisions and her general appearance showed that she had received the best of surgical treatment, and that he thought a neurotic element was back of the frequent and severe gall-stone attacks. This physician would not advise the patient's returning to the hospital unless willing to go in for observation, when, if her stories of the attacks proved true, further surgical treatment would probably be necessary. This, however, the patient was most unwilling to do, consequently we are treating her when called and are doing nothing further for her in the meantime. This is a very fair sample of a chronic case constantly on and off our books, for whom little can be done except during acute periods, but who, nevertheless, has required a good deal of time and thought and who has received the best of surgical and medical attention. This patient could not have been given more thorough examinations or better treatment had she been able to pay for the services rendered. On the other hand, she is not a patient who would in any way come under health insurance provisions, for she has not worked for years and her daughter-in-law's work, although sufficient to support both patients, is irregular in character. In this case, with the exception of the small amount of material relief above mentioned, medical relief was the only service needed. That has been given unstintedly, but it has not been possible to restore the patient to more than a fair degree of health. There is no reason why she should go into an institution; the daughter-in-law is not only able but eager to keep the mother with her and the patient is in noway neglected.

Jones, Tom and Annie. The following illustrates the failure of many efforts to regenerate a fairly hopeless and, unfortunately, not too uncommon type of family. This is a family registered with the United Charities, the Juvenile Court, the Infant Welfare Society, three dispensaries, the County Agent, and the Visiting Nurse Association. The Visiting Nurse Association has known the family since 1911, twenty registrations having been made. The mother is a case of chronic arthritis, by no means helpless; the call is sent in to us whenever she sends for the county doctor. The physician has occasionally left aspirin for the patient's treatment, she is the type of woman who would much rather send a call in to the county doctor than attend a near-by dispensary. The county physicians rarely call more than once on this type of case, sometimes medical attention is refused when dispensary care is obviously indicated and easy to obtain, but the mother still sends in the call whenever she has a recurring attack. The father has nephritis, probably due to alcoholism. One child of sixteen has had

eye trouble repeatedly. Delicate daily treatments and the use of spectacles were indicated and advised, but it was most difficult to get any help from the parents in our care of this child; dispensary orders were never carried out except by ourselves. Now that the youngster is old enough to be reasoned with, we have even less success than we formerly had. We have cared for the mother during one pregnancy, during one acute attack of arthritis, and have cared for practically every one of the six children at various times, the diagnoses being "defective vision," tonsillitis, pneumonia, "cardiac trouble," "cold," bronchial pneumonia. Probably one reason for our lack of success in securing better coöperation from the family is due to the fact that we sent one little pneumonia child to the hospital, where it died. The mother believes that she could have saved the child, although when we visited it, we found the family living in a dirty, neglected house, the basement being flooded with water. A worse place in which to treat a desperately sick pneumonia case could hardly be imagined. We reported conditions to the Health Department, the house was immediately condemned and the family requested to move. This it did, but it has never forgiven the Visiting Nurse Association for causing it so much trouble and for having sent the child to the hospital. We have several times taken the case up with one of the courts, but every time the father has just got a job and both he and the mother can present such pathetic pictures of regret for past failures and can make such earnest promises of better work in the future, that unfortunately the case is put on probation. Whenever we have tried to make our services dependent upon better assistance on the part of the mother, she has decided that the patient was not ill enough to need our attention. Whenever relieving agencies have made their help dependent upon the same condition, the father has secured a job or has gone into debt, either of which he seems equally able to do, although he is almost a chronic invalid himself. The parents are very ignorant, happy-go-lucky, alien Americans; the children are growing, not being brought, up; and each new nurse or worker who is called in wonders how the case can have been in the hands of so many agencies, including our own, for so long a period with so little apparent result. We believe that we have kept the family from growing much worse, we can see that some of our work with the children is bearing fruit, but to the eyes of a new visitor, the work of many agencies on this one family seems woefully inadequate.

## HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

*Collaborators:* ADDA ELDREDGE, R.N., LAURA E. COLEMAN, R.N.

### THE ADMINISTRATION OF A MENTAL CLINIC

The success or failure of any institution depends largely upon the efficiency of its administration. A modern, expensive, elaborately equipped building may fail in its purpose if the administration be an ill-advised or an inadequate one. The most perfect weapons in the hands of the inexperienced may prove a danger and a menace, poor workmen cannot turn out good work even though their tools be of the finest quality. In the same way, a poor and badly organized administration cannot develop a hospital or training school and serve the highest function of each, though it may have unlimited wealth at its command.

The value of an institution to the community is based upon its ability to meet the needs of that community and serve the purpose for which it was created; the efficiency with which this need is met depends upon the organization. It is, therefore, evident that given the need and the means, the most powerful factors to success are the administration and organization.

Among the very pressing needs today in the hospital and training school world is the mental hospital associated with the general hospital and medical school. One of the difficulties in establishing such institutions is that of administration.

On first thought one sees only the problems which present themselves as different, but when understood, the difficulties and differences fade, as it is realized that mental illness is as real as physical illness. The problem resolves itself, therefore, into efficient ways and means to care for a sick human being, and the only difference in providing for this is that which exists between the requirements in the care of a sick mind and a sick body. It is well to remember that each exists in or with the other.

The prevalent idea that many patients mentally sick cannot be adequately cared for in a hospital in close proximity to a general hospital is a mistake, as has been proved by valuable experiments. It

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is true that there are some handicaps as to space and environment, but such handicaps are more than made up for in many instances in the advantages afforded by such a relationship. If more mental hospitals or clinics were established in this way, the increase which statistics show in admissions to our state hospitals, no doubt, would be materially lessened.

Public opinion is still averse to seeking early advice through the isolated mental hospital as the old horror and stigma which more or less surround the "Asylum for the Insane" still hover over the state hospital of the present day and even over the private mental institution, beautiful though it may be. This is not the attitude of the public toward the general hospital. Statistics show that more patients are early seeking advice in the general hospital, and, it is reasonable to suppose, are being educated as to preventive measures. The same would be true if clinics for mental patients were established under like conditions, making prevention rather than cure, the issue.

In organizing a mental department in a general hospital the question of how it shall be administered is a problem, but not as complicated or difficult as one would suppose. The most important consideration is the chief supervisor of administration. Whether doctor or nurse, it must be one who understands not one alone but all sides of this many-sided problem. It must be a person who has a knowledge of general hospital administration, economic and medical, and at the same time a keen insight into the requirements of a hospital for the care of mentally ill patients. But a knowledge alone is not sufficient, one must have a comprehension of and a sympathy with this type of person and must understand the relationship existing between the mentally and physically ill patient, that he may be capable of making the necessary adjustments with the skill and efficiency required to meet the needs and promote the harmony of the entire institution.

A psychiatric clinic in connection with one of the large general hospitals and medical schools has been organized in this manner. The department is as much a part of the general hospital, medical school and nurse training school as is the medical or surgical department, and is administered on the same principles, with the variations of application necessary to meet adequately the demands presented.

The director of the department or clinic is the professor of psychiatry in the university. He directs, with his staff of assistants, the policy concerned with the treatment of the patients, medical, educational and research. The superintendent of the hospital is also the superintendent of this department and all policies relating to administration are dictated by him. The superintendent of nurses bears a like relationship

to the nursing school. To complete this general organization, a sub-organization has been formed directly within the clinic. To it, authority has been given to make all recommendations as to administration and nursing, and it represents within itself the superintendent of both the hospital and the training school. Before the building was completed, a chief or supervising nurse who had several years of general hospital executive experience, was appointed and given a year in which to study the problems directly associated with the administration and equipment of mental hospitals. Through this officer, the detailed administration of the clinic is carried on and she is directly responsible to the superintendent of the general hospital.

The director of the clinic and resident physicians consult with her as to methods and principles involved in the care of the patients. All requisitions for supplies and materials come through her office and are submitted on her recommendation to the superintendent for his approval. The nursing is directed by the principal of the training school, through the supervising nurse, who has charge of the educational work, both practical and theoretical.

Each ward of from 8 to 12 patients is under the supervision of a graduate nurse, both by day and by night. Thus the administration and nursing in the individual units continue the same organization and, through this medium, the central administration is kept in touch with all the problems and is therefore in a position to shape the policies.

The nurses in the training school are sent to this department as systematically as they are to any other department of the hospital and a definite number is changed each week. The total period of training is between two and three months. The methods of instruction are governed by the same principles underlying the care of patients in the general hospital, with variations compatible with the needs represented. The usual eight hour duty for pupil nurses is the schedule in this department, with additional time off at frequent intervals, as indicated by particular conditions; for it must be remembered that nursing in a mental hospital carries with it more nervous strain than work in a general hospital, even though the physical activity is much less. The chief point of difference in organizing the nursing in the mental hospital is that of numbers; at least twice the number of nurses per patient required in a general medical ward, is necessary to adequately meet the demands.

The same is true of the staff of physicians. Owing to the intense personal work required, the average number of hours spent with each patient is considerably greater than in any other type of hospital. Consequently, the proportion of physicians to patients must be greater.

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A great advantage to the patient is gained by being in a mental clinic in close proximity to a general hospital, in consultation through other departments. The various clinics in the dispensaries where expert advice may be had in surgery or medicine, are available. Patients from this department are found in the X-ray rooms, dental clinic, operating rooms or elsewhere, as often as are patients from the medical or surgical wards. Patients are transferred from one service freely to the other and it is no longer an unusual thing during a delirium associated with a physical condition to transfer the patient for a time to the wards of the mental clinic, where adequate care, without the restraint usually necessary in the general hospital, can be given. When the patient has sufficiently recovered he may be sent again to the service from which he formerly came. The close harmony in which the different specialists work is a great advantage to the patient and a means of general education to the public and, in fact, to the medical profession.

From the point of view of efficiency and economy also, the central administration organization has unlimited advantage over the organization of a complete unit system. To be sure, all classes of mental patients cannot be adequately cared for in this type of hospital, but if more mental clinics were established in general hospitals it would undoubtedly lessen the number of isolated mental hospitals required to serve the community.

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Miss Goodrich, as president of the American Nurses' Association, is urging every nurse to cooperate actively with Mr. Hoover in the movement for the conservation of the country's food supply. To this end it is suggested that the question of food administration be included, if possible, in the programme of every meeting, that a speaker versed in the problem be obtained, and that all nurses inform themselves on the subject that they may be able to advise those families with which their professional service brings them in contact.

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**TREATMENT OF HEAD COLDS.**—A writer in the *American Journal of Medical Sciences* says a head cold is always infectious. He advises the restriction of the diet as the best remedy, large quantities of protein increasing the congestion. Early and frequent purgation is helpful. A hot mustard foot bath gives relief if used the first and second days of the cold. Draughts, wet feet and crowded places should be avoided. Tobacco is interdicted for a few days and alcohol absolutely forbidden. Internal medication is not used, local applications being preferred, as a mild alkaline spray followed by an oil spray.

**BREAST TUMORS.**—It is stated in the *Annals of Surgery* that in the early period in the development of every cancer of the breast it is absolutely curable. Early operation is therefore advised.

**RESPIRATORY SUCTION IN SURGICAL SHOCK.**—In an article in the *Boston Medical and Surgical Journal* it is stated that in cases of surgical shock, increasing the carbon dioxid in the air the patient is breathing produces deep and rapid respirations, and the blood is pumped from the veins into the heart. A rubber bathing cap, inflated with a Davidson syringe, may be placed over the patient's nose and mouth that the air be re-breathed. When oxygen is necessary the cap may be removed and in a moment or two replaced. These experiments were carried out on animals, no observations having been as yet made on men.

**EFFECTS OF MOVING PICTURES ON CHILDREN'S EYES.**—A doctor writing in the *Glasgow Medical Journal* objects to the frequent attendance of young children at the movies. He would limit it to once a month for children from four to eight years old. The nervous strain of watching exciting pictures is apt to cause squinting.

**USE OF MILK IN TYPHOID.**—*The Medical Record* says typhoid patients will often tolerate milk for a time only to rebel suddenly against it, all the symptoms being aggravated. The patient is then placed on a water diet for one or two days, the only nutriment being sugar, rice flour and vegetable broths. At the end of this time the patient is fed every four hours, receiving cream of barley soup, panada, semolina, potato purée, or a little rice. Two quarts of liquid, lemonade, sweetened water, weak tea, weak coffee, etc., are given daily. Cereal soups may be strengthened by adding powdered cocoa. When the temperature is nearly normal milk may be resumed in a modified form.

**STAMMERING.**—A correspondent in the *Medical Record* writing on this subject, says stammering is caused by fear that the words cannot be pronounced fluently. He advises that children should not be allowed to stammer on school property. They should be required to write their recitations and not allowed to speak unless they can do so without hesitating. This would prevent other children being influenced by the bad example, and the child himself, being relieved from fear, would improve. The same attitude should be observed in the home.

**PUNCTURE WOUNDS OF FOOT.**—A paper in the *Boston Medical and Surgical Journal* says that nail puncture wounds of the foot are not dangerous when caused by clean nails, and seldom cause infection if promptly treated. It does not produce tetanus except possibly in very rare instances. The wound is best treated by injecting pure tincture of iodine.

**OCCUPATION THERAPY.**—*The Journal of the American Medical Association* mentions that the Maryland *Psychiatric Quarterly* contains a sketch of the work of Susan E. Tracy, R.N., who has emphasized the value of occupation for convalescents in aiding recovery. She has established occupational teaching among the convalescents and the nurses of the Michael Reese Hospital, Chicago, where it has now become a definite part of the hospital routine and of the nurses' training course. This is peculiarly nurses' work.

**WAR BREAD.**—In an editorial on this subject in the *Medical Record* it is stated that the bread allowed to be made in Germany and Great Britain is made from grain from which the outer husks have been partially, or not at all, removed. The bread resulting is more nutritive than that made from fine white flour. The husks contain the vitamins, now known to be essential to good health.

**BUTTERMILK IN INFANT FEEDING.**—An article in a French medical journal recommends buttermilk as a food in the ordinary diarrhea of bottle-fed babies, saying nothing is as good. After the age of three or four, malted soups are better, made first with water alone, then with increasing amounts of milk.

**RADIUM IN TREATMENT OF CANCER.**—In an interesting paper in the *Medical Record*, Dr. Robert Abbe says, "we recognise in cancer only the riotous overgrowth of such cells as are normal in the body. They have lost their equilibrium in growing, lost some restraining control, taken up the joy of living and enormously multiplied at the expense of their host." Radium acts by its enormous and perpetual output of electrical units, shooting out through space infinitely small atoms each carrying a charge of electricity, some positive, some negative, if indeed

they are not electricity itself. After enumerating many cases of cancer, some of them inoperable, cured or relieved by radium, he says the efficiency of the subtle power of radium is a surprise only to those who have not studied it in a thousand experiments. Our knowledge of its value is still very incomplete.

**GERMANY AND HOSPITAL SHIPS.**—The *Medical Record* says a semi-official announcement from Berlin states the intention of the German government to prevent all passage of hospital ships in the barred zone and in the Mediterranean and to regard hospital ships appearing therein as war vessels and attack them immediately.

**WOUND INFECTION.**—A writer in *Annals of Surgery* reports good results in treating desperate cases of infected railway wounds by irrigation every four hours with hot peroxid solution (2 ounces to the liter) followed instantly by hot phenol solution ( $\frac{1}{2}$  ounce to the liter) and the application of hot perchlorid of mercury fomentations, wrung dry. The method of drainage is described and absolute rest on a splint advised.

**CARBON MONOXID POISONING.**—The *Journal of the American Medical Association* in an abstract from *Presse Medicale* says the traditional idea that a red corpuscle once choked with carbon monoxid is dead, is no longer tenable. All it needs is oxygen to displace the carbon monoxid in it. When a person suffering from this poisoning is made to breathe pure oxygen as soon as possible, actual resurrection may ensue. In animals deeply intoxicated nearly the whole had disappeared from the blood at the end of an hour of oxygen breathing.

**TREATMENT OF HEMORRHOIDS.**—A Buenos Aires medical journal recommends an injection into the hemorrhoids of a 20 per cent solution of phenol in equal parts of glycerine and distilled water. From two to six drops is the capacity of each hemorrhoid. The phenol acts as an anesthetic, so no other is required. It cauterizes and obliterates the tumor. Much inflammation contra-indicates this treatment on account of the pain. The patient can return to business in a few hours.

**SYMPTOMS OF ADENOIDS.**—The *Journal of the American Medical Association* quoting from a Dutch medical journal, states that in a large number of cases of adenoids it had been observed that gritting the teeth occurred in from 25 to 40 per cent of the cases. In over 60 per cent there was snoring; enuresis in 29 per cent; aprosexia, or an inability to fix the attention, in over 34 per cent, and disturbances of hearing in more than 42 per cent.

**PROHIBITION.**—The General Medical Board of the Council of National Defense recommends that every military command should be surrounded by a protected zone in which the sale of alcoholic drinks should be prohibited.

## LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

### NURSES NEEDED IN CHINA

DEAR EDITOR: The Yale Hospital and Nursing School at Changsha, China, seek the services of two thoroughly trained American nurses, young women of earnest character, who propose a permanent career with language study.

YALE IN CHINA OFFICE.

8 White Hall  
New Haven, Conn.

### ENEMATA DONT'S

DEAR EDITOR: The following suggestions may be of use to JOURNAL readers: In giving rectal feedings, don't neglect to turn the patient on the opposite side immediately after the feeding is given. In this way the fluid passes readily through the transverse colon, allowing a large field for absorption.

Don't mix turpentine with a Noble's enema; if you do, it forms in little globules on the top of the solution and is all taken into the bowel at one time. Have the solution so well dissolved that it is perfectly clear; give one-half, then the turpentine, which will mix freely with the second half of the enema.

Don't forget that vaginal packing interferes with rectal injection.

Don't neglect to strain a rectal feeding.

Don't overheat, or the material will become lumpy and sticky.

Don't flush the bowel, before feeding, with salt solution if the rectum is irritated or if the feedings have extended over any length of time; use boric acid instead or, if much mucus is present, one teaspoonful of sodium bicarbonate to one and one-half pints of water.

Don't give saline solution cold. Dr. J. B. Murphy used to say that an enema properly given would not be expelled. It should be from 99 to 102° F. at the point of absorption; 110 to 115° in the receptacle.

When hemorrhoids are present, don't neglect to paint them with a 2 per cent solution of cocaine. (With the doctor's permission. Ed.) They interfere materially with the patient's ability to retain the fluid taken.

New York

M. E. H.

### RED CROSS MEMBERSHIP

DEAR EDITOR: This is the time when every trained nurse who is earnestly trying to do her share of the world's work should demonstrate where she stands and what her standard is. All have been urged at some time to join the Red Cross, yet our list of members remains far below the number it should reach. Some may think they are too old to be accepted for service, but let them at least "cast in their mite" in work or money. They may join the Red Cross Society, anyway, even if they cannot be enrolled in the nursing service, and their fee of \$1 a year will help very much at this time. Enrollment in the Red Cross Nursing

Service is a passport wherever one may go, for it marks one as being a graduate nurse of good repute and good training. At this time of need, let us arise and equip ourselves for service, demonstrating that we are ready and willing to do our part in any way we can.

*California.*

AN OLD GRADUATE.

#### MISTAKEN KINDNESS

DEAR EDITOR: The Golden Rule is frequently violated by Christians through mistaken kindness. It is my privilege as a Daughter of the King and a trained nurse to be with the sick and dying. I am sometimes distressed in seeing Christian people let their loved ones enter eternity without preparing them for their departure, or giving them an opportunity to repent, confess, or to partake of the Holy Sacrament. They keep silent for fear of hastening death by shock or of causing distress. Of course sick persons are kept in a cheerful atmosphere by doctors and nurses, but when the case is hopeless, is it not cruel to keep them in ignorance of the fact that they are soon to face God? Occasionally a Christian physician will ask the family of the patient to let him know that he can do nothing more and will leave the news to be told by those who are nearest and dearest to him. Frequently the doctor's suggestion is unheeded. Sometimes I venture to suggest that perhaps the person would like to see a clergyman, but no, this might awaken a consciousness of the serious character of the illness and thereby hasten his departure a few hours. They wrong their loved one by keeping silent. The dying person may have lived a model life, but is it right not to let him know; for who is so good, that he does not need all that the Church can offer at such times? But to see them go into the long sleep in absolute ignorance that they are about to pass through the Valley of the Shadow of Death and not be able to whisper words of comfort is sad to one who would like to tell them they are going where "There is no pain" and where "God will wipe away all tears from their eyes." For to the true believer, "Perfect love casteth out all fear."

*Washington, D. C.*

B. B.

# NURSING NEWS AND ANNOUNCEMENTS

## NATIONAL

### THE AMERICAN NURSES' ASSOCIATION

#### A SURVEY OF THE NURSING RESOURCES OF THE COUNTRY

The American Nurses' Association has been asked by the Council of National Defense to supervise a survey or census of the nursing resources of the country. Accordingly, the president and secretary, acting for the Board of Directors and with their approval, have sent to the secretaries of state associations the following letter:

"We have received the following letter from the General Medical Board of the Council of National Defense—

"You are hereby authorized to direct through the organization of nurses of which you are president, the preparation of a complete census of the nurses of the country, placing upon the state associations the responsibility for carrying through this measure. Such associations would be expected to call to their aid the support which can be obtained through the State Committee on National Defense, or to secure such other official support as may seem advisable. In order to ensure uniformity, the census should be carried out according to an effective plan now in operation in New York City under the direction of the Committee of Nursing of the Mayor's Committee of Women on National Defense. You are asked to supply the various states with a complete set of instructions and to urge that the work of the census be pushed forward with all possible speed."

"In compliance with this request, we beg that you will arrange for a survey of the nursing resources of your state as soon as possible. A detailed account of the manner in which the survey in New York City was conducted is enclosed in this letter for your guidance in making the survey in your own state, with a complete set of sample forms. In order that the statistical returns may be uniform, the forms which are to be sent to institutions, registries, public health organizations, and nursing organizations will be furnished in the numbers you indicate as needed for your state. We recommend that the cards for individual registration be printed locally. You are requested to inform us as soon as the survey is completed, and be prepared to send a full report of the results. It is important that we receive as early as possible the following information, Total number of registered nurses, of enrolled Red Cross nurses, of graduate nurses not registered, of pupils enrolled in registered or accredited hospital training schools, of pupils graduating in 1918, of pupils that can be enrolled in the fall, of pupils that can be enrolled during the year, of pupils enrolled in other hospital training schools, total number of pupils that will be enrolled during the year. We beg your immediate cooperation and will be glad to assist you with any further information should the need arise. Communications should be addressed to the secretary.

ANNIE W. GOODRICH, *President*,  
KATHARINE DEWITT, *Secretary*."

A description of the forms used in making this survey will be published in the September JOURNAL.

## THE COMMITTEE ON INTERSTATE SECRETARY

The Committee on Interstate Secretary sent out the following letter in late July to all state associations, state examining boards and state leagues:

"No doubt you have heard that it is proposed by the National League of Nursing Education, the American Nurses' Association, and the JOURNAL Board to appoint an interstate secretary to represent the interests of these organizations throughout the country. Remembering the excellent results of Miss McIsaac's work in a similar position, this would seem to be the best method of keeping schools of nursing, local and state organizations, especially in comparatively isolated localities, informed of the latest developments in the nursing world. Her assistance may be invaluable in the work of organization, legislation and the establishment of uniform standards. The plan is that the salary of this secretary will be shared by the three organizations. Her expenses, while travelling, will be met by those whom she visits. It will plainly be seen that under these circumstances a very careful itinerary should be planned. It is expected that this appointment will be made in October, therefore we ask that you communicate with the schools and organizations in your state. Those desiring her services should write before October 1 to the secretary of the American Nurses' Association, 45 South Union Street, Rochester, N. Y."

This letter was signed by the members of the committee, Miss Lawler of Baltimore, Miss Nevins of Washington and Miss Eldredge of New York. Prompt replies are hoped for, that the plans for the interstate secretary's trip may be made.

## NURSES' RELIEF FUND, REPORT FOR MAY, 1917

*Receipts*

Previously acknowledged.....	\$4,015.72
Agnes G. Deans, Detroit, Michigan.....	5.00
Harriet L. Leete, Chairman Ohio State Nurses' Association:	
Lakeside Hospital Alumnae Association.....	26.50
St. Vincent's Charity Hospital Alumnae Association.....	25.00
Cleveland City Hospital Alumnae Association.....	25.00
Outside graduate nurses.....	3.00
Mt. Sinai Hospital Alumnae Association.....	37.00
Huron Road Hospital Alumnae Association.....	23.50
Marie Endres, Houston, Texas.....	3.00
Sarah Crosett, Philadelphia, Pa.....	5.00
Teresa Martin, Detroit, Mich.....	2.00
Ida F. Giles, Philadelphia, Pa.....	1.00
Pennsylvania Hospital Alumnae Association (Miss Giles, State Chairman).....	25.00
Laura G. Willes, Utah State Chairman:	
Holy Cross Hospital Alumnae Association, Salt Lake City.....	5.00
St. Mark's Hospital Alumnae Association.....	5.00
Latter Day Saints Hospital Alumnae Association, Salt Lake City..	10.00
Dee Memorial Hospital Alumnae Association, Ogden.....	5.00
Jane B. Meyers.....	1.00
Camellia M. Nolan, Sacramento, Cal.....	1.00

Anna M. Deuser, San Francisco, Cal.....	\$1.00
Mrs. H. R. Jack, New York City.....	2.00
C. B. McMillen, New York City.....	2.00
Touro Infirmary Alumnae Association, New Orleans, La.....	10.00
Anna M. Quinn, Elizabeth, N. J.....	1.00
Penmiah K. Jones, Pasadena, Cal.....	2.00
Grace Bowes, Detroit, Mich.....	1.00
Milwaukee County Nurses' Association.....	10.00
The S. Wisconsin District Association of Graduate Nurses.....	10.00
The Dane County Nurses Association.....	10.00
A donation.....	2.25
Milwaukee County Hospital Training School Alumnae Association.....	16.00
Hebrew Hospital Alumnae Association, Baltimore, Md.....	5.00
F. E. Goodwin, Waynesburg, Pa.....	1.00
Alice Page Converse, St. Luke's Hospital, Chicago, Ill.....	5.00
E. Dorothy Valantine, Livermore, Cal.....	1.00
Elvena A. Baumann, Englewood, N. J.....	1.00
St. Joseph's Hospital Alumnae Association, St. Paul, Minn.....	25.00
Brooklyn Hospital Training School Alumnae Association.....	25.00
Glenville Hospital Alumnae Association, Cleveland, Ohio.....	5.00
Kathryn F. Gaynor, San Mateo, Cal.....	5.00
Humboldt County Nurses' Association, Eureka, Cal.....	5.00
Graduate Nurses' Association of Cincinnati and Hamilton County, Ohio.....	100.00
Greenwich Hospital Alumnae Association, New York.....	5.00
Elizabeth Saul, Scranton, Pa.....	1.00
Grace Hospital Alumnae Association, Detroit, Mich.....	10.00
Lucy M. Bayley, Rochester, N. Y.....	1.00
Protestant Episcopal Hospital Alumnae Association, Philadelphia, Pa.....	25.00
Carolyn E. Sculthorpe, South Bethlehem, Pa.....	1.00
Allegheny General Hospital, Pittsburgh, Pa.....	25.00
White Plains Hospital Alumnae Association, N. Y.....	10.00
Muhlenberg Hospital Alumnae Association, Plainfield, N. J.....	15.00
Margaret M. Gear, New York City.....	2.00
Worcester City Hospital Alumnae Association, Mass.....	10.00
Florence Williams, Glendale, Ohio.....	2.50
Katharine Dent, New Orleans, La.....	4.00
Jane Perkins, San Francisco, Cal.....	1.00
Mabel I. Metcalf, Los Angeles, Cal.....	3.00
Wisconsin Association of Graduate Nurses.....	50.00
Englewood Hospital Alumnae Association, N. J.....	5.00
Janette F. Peterson, State Chairman, California.....	76.00
Frances E. Willard Hospital Alumnae Association (Chicago) for Effa Griffin.....	10.00
Lida Marion Ellison, Cleveland, Ohio.....	1.50
Grace A. Stevens, Cleveland, Ohio.....	1.50

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 \$4,728.47

*Disbursements*

Application approved Number 1, 28th payment.....	\$10.00	
Application approved Number 2, 17th payment.....	5.00	
Application approved Number 3, 13th payment.....	10.00	
Application approved Number 6, 13th payment.....	10.00	
Application approved Number 7, 7th payment.....	15.00	
Application approved Number 9, 4th payment.....	10.00	
Application approved Number 10, 4th payment.....	15.00	
Application approved Number 11, 4th payment.....	10.00	
Application approved Number 12, 2d payment.....	10.00	
Mrs. L. A. Giberson Crass, balance expenses to convention..	58.37	
Union and Advertiser (500 cards).....	8.50	\$161.87
		<hr/>
June 1, 1917.....		\$4,586.60
13 bonds par value.....		13,000.00
2 Certificates of Stock.....		2,000.00
		<hr/>
Balance June 1, 1917.....		\$19,586.60

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, treasurer, 419 West 144th St., New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information address Elisabeth E. Golding, Chairman, Care American Journal of Nursing, 45 South Union Street, Rochester, N. Y.

M. LOUISE TWISS, Treasurer.

## NAVY NURSE CORPS (JUNE REPORT)

*Appointments.*—Mary Ritter, Evanston Hospital, Evanston, Ill.; Emma Lee Hamm, Evansville, Ind., Tuberculosis Hospital, Valey Station, Ky.; Anna Lee Glibreath, Baptist Memorial Hospital, Memphis, Tenn.; Nora B. Frederick, Lancaster General Hospital, Lancaster, Pa.; Florence Shoemaker, Mercy Hospital, Wilkes-Barre, Pa.; Ella M. English, Tower City, Pa., St. Joseph's Hospital, Reading, Pa.; Lulu M. Cronister, Erie Co. Hospital, Buffalo, N. Y.; Lula M. Ficks, Newport, Pa., Municipal Hospital, Philadelphia, Pa., institutional work Danville State Hospital, Charge Nurse Lancaster Co. Hospital, Lancaster, Pa.; Ella E. Hoppe, Immanuel Hospital Training School, Mankato, Minn.; Mary E. Moore, Lancaster General Hospital, Lancaster, Pa., Cotton Belt Hospital, Texarkana, Ark.; Anna M. Wallace, Buffalo Hospital, Sisters of Charity Hospital, Municipal Hospital, Buffalo, N. Y., institutional work; Pearl T. Hull, Findlay, Ohio, Protestant Deaconess Hospital, Indianapolis, Ind.; Mary L. Cook, New York, N. Y., Williamsport Hospital, Williamsport, Pa., institutional work, Willard Parker Hospital, New York; Mary V. Lynch, Elisabeth, N. J., Newark City Hospital, Newark, N. J., Poliomyelitis Hospital, Elisabeth, N. J.; Florence J. Nelson, Immanuel Hospital, Mankato, Minn.; Georgia M. Glass, Wichita Hospital Training School, Wichita, Kansas; Lelia Anne Smith, Greenville, S. C., Meriden Hospital, Meriden, Conn., institutional work Dr. Tyler's Surgical Hospital, Greenville; Edith L. Buick, New York, N. Y., Mercer Hospital, Trenton, N. J., charge nurse Bellevue Hospital; Amanda M. Robinson, St. Luke's Hospital, Pensacola, Fla.; Mary C. Wiggins, New York, N. Y. (Reappointed); Louise

Cooke, Buffalo, N. Y. (Reappointed); Mina A. King, Buffalo, N. Y. (Reappointed); Hannah M. Workman, Pittsburgh, Kansas (Reappointed).

*Transfers.*—Elisabeth D. Bushong, Guam; Edith E. Bair, Guam; Ada W. Smith, Guam; J. Natalie Johnson, Canacao, P. I.; Mary E. Hand, Canacao, P. I.; Florence M. Vevia, Mare Island; Mary Moffett, Mare Island; Elizabeth Steiner, Mare Island; Mary C. Wiggins, New York, N. Y.; Agnes M. Quinlan, Great Lakes; Amanda Robinson, Norfolk, Va.; Anna I. Cole, Newport, R. I.; Mary H. Humphrey, Great Lakes, Ill.; Emma L. Spatcher, Great Lakes, Ill.; Meta E. Stone, Guam; J. Beatrice Bowman (Chief Nurse), Canacao, P. I.; Emma Lee Hamm, Great Lakes, Ill.; Hannah M. Workman, Mare Island, Cal.; Georgia M. Glass, Mare Island, Cal.; Edith L. Buick, Norfolk, Va.; Florence Magee, Guam; Frances D. Gale, Guam; Helen A. Russell, Chelsea, Mass.; Elsie T. Brooke (Acting Chief Nurse), Chelsea; Chief Nurse Clare L. De Ceu, Puget Sound, Wash.; Teresa E. Wilkins, Puget Sound, Wash.; Sara Almond, Puget Sound, Wash.; Frances Bonner, Puget Sound, Wash.; Louise A. Bennett, Canacao, P. I.; Mary G. Barron, Canacao, P. I.; Mary Ritter, Great Lakes, Ill.; Lulu M. Ficks, Washington, D. C.; Mina A. King, Great Lakes; Louise Cooke, Great Lakes, Ill.; Lulu M. Cronister, New York, N. Y.; Ella M. English, New York, N. Y.; Lelia A. Smith, Washington, D. C.; Mary E. Moore, New York, N. Y.; Pearl T. Hull, Washington, D. C.; Nora B. Frederick, Annapolis, Md.; Anna M. Wallace, New York, N. Y.; Mary H. DuBoise (Chief Nurse), New York, N. Y.; Anna L. Gilbreath, Norfolk, Va.; Florence E. Shoemaker, Annapolis, Md.; Florence B. Martin, Mare Island, Cal.; Virginia Lee Gray, Mare Island, Cal.; Florence J. Nelson, Mare Island, Cal.; Ella E. Hoppe, Mare Island, Cal.

*Promotions.*—Anna G. Davis, Chief Nurse, Annapolis, Md.; Elsie T. Brooke, Acting Chief Nurse, Chelsea, Mass.; Mary J. McCloud, Acting Chief Nurse, Great Lakes, Ill.

*Resignations.*—Judith C. Lindbloom, M. Cordelia Simmons, Eleanor Lawrence.

#### NAVY NURSE CORPS (JULY REPORT)

*Appointments.*—Emily J. Cunningham, Haddon Heights, N. J., Newark City Hospital, Newark, N. J., institutional work, Willard Parker Hospital, New York, N. Y.; Mildred R. Beat, Chicago, Ill., University Hospital, Chicago, Ill., anesthetist at the University Hospital, Chicago; Floy Ben-Bow, El Reno, Okla., El Reno Hospital, El Reno, Okla., Bay View Hospital, Baltimore, Md., Kernan Hospital, Baltimore, Md.; Maude E. Coleman, Asheville, N. C., Charity Hospital, New Orleans, La., Mary Gates Hospital, Port Arthur, Tex.; Johanna E. O'Mara, Leavenworth, Kansas, St. Johns Hospital, Leavenworth, Kansas; Josephine J. Pierce, Dayton, N. Y., Erie County Hospital, Buffalo, N. Y., Public Health Work, Buffalo, N. Y.; Florence M. Robinson, Howard City, Mich., DeVore Hospital, Grand Rapids, Mich., Post-graduate course Manhattan Eye, Ear and Throat Hospital, New York, N. Y., Willard Parker Hospital, New York, N. Y.; Lydia B. Ranson, Newark, N. J., Newark City Hospital, Newark, N. J., Willard Parker Hospital, New York, N. Y.; Mary P. Nicholls, Birmingham, Ala., Touro Infirmary, New Orleans, La., Ancon Hospital, Canal Zone, Charge Nurse Talley and McAdary Infirmary, Charge Nurse Columbia Hospital, Miss.

*Transfers.*—Florence B. Martin and Virginia Lee Gray, to Mare Island, Cal.; Isabella Gilfillan to Annapolis, Md.; Mary V. Lynch, to Washington, D. C.; Emily J. Cunningham, Washington, D. C.; Florence J. Nelson and Ella E. Hoppe,

to Mare Island, Cal.; Lydia B. Ranson, Washington, D. C.; Mary L. Cook and Florence M. Robinson, Philadelphia, Pa.; Maude E. Coleman, Washington, D. C.; Josephine J. Pierce, New York, N. Y.; Carrie B. Summerlin, Great Lakes, Ill.; Johanna E. O'Mara, Great Lakes, Ill.; Lulu M. Cronister, New York, N. Y.; Mary P. Nicholls, Annapolis, Md.; Betty W. Mayer, Philadelphia; Florence M. Vevia, Great Lakes; Floy Ben-Bow, Norfolk, Va.; Clara A. Helbig, Puget Sound, Wash.; Pearle Smith, Puget Sound; Mildred R. Best, Great Lakes, Ill.

*Promotions.*—Mollie Detweiler, Acting Chief Nurse, Guam; Betty W. Mayer, Acting Chief Nurse, Philadelphia, Pa.

#### UNITED STATES RESERVE FORCE NURSES

The procedure suggested by the Red Cross with a view toward meeting the urgent need of the Navy for qualified registered nurses has met with a sympathetic and practical response from a large number of nurses who have been graduated from recognized hospitals. The following is a partial list of nurses who have enrolled in the Navy Detachments and who have been assigned to active duty.

Columbia Hospital Detachment, Washington, D. C.; assigned to duty at Norfolk, Va.; organized by Lucy Minnigerode, superintendent of nurses; assisted by Clarice Buhman as head nurse of the detachment: Sarah Corson, Lillian M. Crumbaugh, Argyle Danks, Mary B. Davis, Mrs. Yates Davis Duke, Victoria Good, Ida L. Hodge, Helen MacLain, Ethel L. Miller, Mabel M. Morgan, Lucy H. Russell, Elsie H. Smith, Minnie D. Stith, Helen M. Tiffany, Emily C. Turner, M. Lillian Turner, Irva R. Young.

Garfield Hospital Detachment, Washington, D. C.; assigned to duty at Annapolis, Md.; organized by Miss Hayes, superintendent of nurses, assisted by Annie Miller as head nurse of the detachment: Bernice Everstine, Grace L. Goodwin; Irene Robertson, Rachel A. Mayo; assigned to Mare Island, Cal.: Minnie B. Hardy, Lula T. Lloyd, Anna E. McFadden, Ruth Powderly, Mabel Rice, Annie Miller.

Philadelphia General Hospital Detachment, Philadelphia, Pa.; assigned to Naval Hospital, Philadelphia; organized by Lillian Clayton, superintendent of nurses: Mary H. Breslin, Elsie S. Frey, Bessie C. Graham, Helen M. Hart, Margaret E. Jones, Anna C. Lofving, Sadie A. Mahoney, Catherine A. McNellis, Mary C. McNellis, Mary Peoples.

St. Luke's Hospital Detachment, New York, N. Y.; assigned to Naval Hospital, New York, N. Y.; organized by Sophia V. Kiel, superintendent of nurses: Fannie Barnes, Laura M. Johnson, Charlotte M. Mattoon, Bertha F. Schoenacker, Maude Boldgood, Edna Suttle Smith, Leola Stewart, Mildred Williams, Kathleen Woods, Gertrude De Voe.

Orange Memorial Hospital Detachment, Orange, N. J.; assigned to Naval Hospital, Norfolk, Va.; organized by Bessie M. Millman, superintendent of nurses: Sadie McFall, Ada C. McGrath, Jessie A. Smith; assigned to Naval Hospital, Philadelphia, Pa.: Nina Van Why, Rose P. Carroll, Mary E. Clark, Sara C. Johnston, Orpha Puder.

Newark City Hospital Detachment, Newark, N. J.; assigned to Naval Hospital, Norfolk, Va.; organized by Mary L. Mason, superintendent of nurses: Margaret Buekle, Frances S. Denk, Alma C. Jones, Edith E. Borchert, Louise Clark, Sabian L. O'Connor, Nellie Grant Werner.

Newark City Hospital Detachment, Newark, N. J.; assigned to Naval Hospital, Philadelphia, Pa.: Mabel E. D. Hyatt, Mabelle H. Bisell.

Maine General Hospital Detachment, Portland, Me.; assigned to Naval Hospital, Newport, R. I.; organized by Miss Bearnese, superintendent of nurses: Minnette Butler, Adah L. Farnsworth, Charlotte F. Hyde, Ivy H. Keene, Myrtle M. Pushee, Laura A. Roburds, Flores I. Smart, Ethel L. Snowman, Florence M. Wheeler.

Eastern Maine Hospital Detachment, Bangor, Me.; assigned to Naval Hospital, Great Lakes, Ill.; organized by Ida Washburn, superintendent of nurses: Mildred A. Crane, Mabel W. Creighton, Adah M. Drinkwater, Agnes E. Gayton, Bernice D. Mansfield, Caroline L. Monks, Eva E. Penney, Eva A. Perham, Robena Riley, Caroline W. Spofford, Eugenie M. Virgie.

Springfield Hospital Detachment, Springfield, Mass.; assigned to Naval Hospital, Newport, R. I.; organized by Sara A. Bowen, superintendent of nurses: Cora D. Bouley, Bernice M. Carroll, Annie V. Coady, Alice E. Crawford, Frances E. Dobson, Nellie C. Donahue, Mary F. Drea, Katherine Egan, Elizabeth Hoag, Clementine Johnston, Katherine M. Leary, Alice B. Newcomb, Ruby E. Nutting, Ruby Russell, Madelon Stowell, Alice Tipping.

LENAH S. HIGBES,  
*Superintendent, Nurse Corps.*

#### ARMY NURSE CORPS

*Appointments.*—Marion Cope, graduate of Southwick Infirmary, East Dulwich, London, England; D'Lyle Dabney Tucker, St. Vincent's Hospital, Norfolk, Va.; Kathleen H. McCarty, Walker Hospital, Evansville, Ind.; Ethel C. Singleton, Fountain Springs Hospital, Fountain Springs, Pa.; Helen Van Regemorter, Johns Hopkins Hospital, Baltimore, Md.; assigned to duty at Walter Reed General Hospital, Takoma Park, D. C.: Maude M. Arnold, Seattle General Hospital, Seattle, Wash.; Rose Anna Arens, Mercy Hospital, Des Moines, Iowa; Margaret Marie Eby, Presbyterian Hospital, Chicago, Ill.; Mrs. Sallie McB. Connor, St. Joseph's Hospital, Tacoma, Wash.; Kathleen MacDonald, St. Joseph's Hospital, Tacoma, Wash.; Stella Berthine Olson, Platon Hospital, Valley City, N. D. and superintendent of Luther Hospital, Harvey, N. D.; Cecilia Gagnon, St. Mary's Hospital, Walla Walla, Wash.; assigned to duty at the Letterman General Hospital, San Francisco, Cal.; Ella Louise Conway, Anna V. Cullum, Alice Jean Cumming, Edith E. DeFreest, Dorothy A. Finley, New Haven, Conn.; Grace Greenwood, Hartford Hospital, Hartford, Conn.; Lillian Johnson, Rena Mary Kane, Catherine F. McGovern, Mary Elizabeth Shepherd, Ethel May Squires, and Lily E. Watts, New Haven Hospital, New Haven, Conn.; Edythe M. Perkins and Jane B. Screen, Hartford Hospital, Hartford, Conn.; assigned to duty at U. S. Army Base Hospital No. 39 (Yale Mobile Hospital, New Haven, Conn.), service in Europe. Mrs. Bertha M. Kieft, New Britain General Hospital, New Britain, Conn.; assigned to duty at Camp Hospital, Mobilization Camp, Syracuse, N. Y.

*Reappointment.*—Grace Etta Leonard, graduate of St. Vincent's Hospital, New York, N. Y.; Cecilia A. Brennan, St. Joseph's Hospital, Philadelphia, Pa.; assigned to duty at Walter Reed General Hospital, Takoma Park, D. C.

*Transfers.*—To Fort McDowell, Calif.: Margaret A. Slater, Cora V. Hicks, Lynn C. Freeland and Sibyl C. Runyon. To Fort Myer, Va.: Anne L. Casen,

with assignment to duty as chief nurse; Mildred O. Brown, Beatrice Gertrude Clements, Cora A. Dillman, Pauline W. Doe, Mary A. Kerutis, and D'Lyle Dabney Tucker. To Madison Barracks, N. Y.: Emma A. Byrne. To Army and Navy General Hospital, Hot Springs, Ark.: Elsie C. Dalton. To Fort Oglethorpe, Ga.: Victoria Anderson, with assignment to duty as chief nurse; Anna L. George, Pauline J. Paulson. To Base Hospital No. 1, Fort Sam Houston, Texas: Miriam Cleghorn. To Camp Hospital No. 5, Nogales, Ariz.: Etta M. Staub. To Mobilization Camp, Syracuse, N. Y.: Catharine L. Leary, with assignment to duty as chief nurse. To Letterman General Hospital, San Francisco, Cal.: Ethyl L. Dumbville, Anna Croxson, Anna L. Schultze. To Army General Hospital, Fort Bayard, N. M.: Mamie O. High, Margaret F. Tangney. To Walter Reed General Hospital, Takoma Park, D. C.: Alice A. Rowe. To Department Hospital, Honolulu, H. T.: Mary L. Alhorn, Mary E. Kieffer. To U. S. Army Base Hospital No. 9, (Yale Mobile Hospital), for service in Europe: Jessie M. Braden.

*Resignations.*—Lila Fair, Batha N. McGuire, Ella Kirkpatrick.

*Discharges.*—Bessie D. Kauffman, Dorothy M. Claus.

#### RESERVE NURSES—ARMY NURSE CORPS

*Assignments.*—To Camp Hospital, Douglas, Ariz., from Bowling Green, Ky., Anna K. Bindemann, Hencie Billmeyer. To Base Hospital No. 3, Brownsville, Texas, from Atlanta, Ga., Jimmie L. Johnson, Haydee H. Johnson. To Mobilization Camp, Syracuse, N. Y., from Patterson, N. J., Frances A. Long, Alice Jaffer; from Augusta, Ga., Charlotte E. Thomas; from Hornell, N. Y., Maude Elisabeth Smith; from Philadelphia, Pa., Bessie M. Michel, Mary E. Grove, Elise M. Rankin; from Portland, Maine, Anne Ingram. To Ft. Benjamin Harrison, Indianapolis, Ind., from Towson, Md., Cora L. Waters; from New York, N. Y., Jean Kynoch; from Morristown, N. J., Barbara A. MacNabb. To Fort Snelling, Minn., from Minneapolis, Minn., Frida G. Wall, Irene McEathron, May M. Schultz.

To Fort Oglethorpe, Dodge, Ga., from Duluth, Minn., Elisabeth Heikkila, Ruth J. Beckman; from Greensboro, N. C., Elisabeth Tate, Annie D. Reveley, Dorothy Hayden; from New York, N. Y., Jessie P. Allan; from Chisholm, Minn., Maude E. Holman. To Fort Ethan Allan, Vt., from Burlington, Vt., Mrs. Genevieve E. Tower, Elisabeth Holmes, Flora R. Landon. To Base Hospital No. 1, Ft. Sam Houston, Texas, from Passaic, N. J., Bada J. Helgren, Helen V. Jordan; from Wilmington, N. C., Mrs. Grace M. Hengeveld, Stella Pettway; from Houston, Texas, Mary Ryan; from Laurinburg, N. C., Gertrude Pettway; from Baltimore, Md., Iva E. Schieswohl; from Shreveport, La., Katie E. Sharp. To Letterman General Hospital, San Francisco, Cal., from San Francisco, Cal., Anna Kurts; from Missoula, Mont., Elisabeth E. Sterling; from Madison, Cal., Gessie E. Jones; from Duluth, Minn., Josephine E. Drama; from Oswego, Oregon, Rose E. Gans. To Base Hospital No. 2, Fort Bliss, Texas, from Salt Lake City, Utah, Luella Franczy, Lydia J. Baird, Carrie Roberts, Rose Heninger, Susan K. Lane, Louise D. Pothier; from Patterson, N. J., Margaret G. Cluney, Anna J. McQuillan; from Des Moines, Iowa, Jessie L. Hall, Marie E. Sherlock; from Louisville, Ky., Bertha Lipps; from Atlanta, Ga., Nina L. Axley; from Ft. Worth, Texas, Mary J. Barker; from Denver, Colo., Mabel L. Quirk; from Atlanta, Ga., Maibelle Atkinson; from Burlington, Iowa, Anna M. Enburg; from Chicago, Ill., Florence Holm.

To U. S. Army Base Hospital No. 15 (service in Europe), from Roosevelt Hospital, New York, N. Y., Mary L. Francis, Petra M. Aaroi, Grace Ames, Amy E. Arnes, Lorena F. Baldwin, Ann C. Baxter, Irene M. Bishop, Margaret Blair, Clara O. Bryers, Amelia F. Buckley, Marie M. Burke, Nannie E. Burnett, Mary M. Butler, Lena M. Carlson, Nora Charles, Irene Collart, Ruth L. Daniels, Vera Daniels, Ella M. Deeks, Mary C. Dickerman, Grace W. Doig, Helen M. Forsyth, Elsie M. Galloway, Elisabeth Gibbs, B. Elisabeth Foley, Jessie M. Gregg, Bertie E. Harris, Helen C. Hayes, Charlotte E. Hopper, Katharine S. Huntington, Sigrid M. Jorgensen, Marie Forban, Veta J. Lawlor, Edna E. McCaughan, M. Pearl McCulloch, Mary G. McGee, Sylvene A. Nye, Lulu M. Myers, Lena J. Nottingham, Anne E. Patterson, Lillian E. Radcliff, Marie C. Raymond, Jean G. Ross, Ethel G. Ryckman, Emma M. Shirreff, Jessie I. Shields, Margaret C. Spaul, Harriett S. Stambach, Alice L. Sullivan, Rena B. Taft, E. May Sibbold, Gladys Terriberry, Bridget A. Timlin, Lila B. Turner, Katharine Tyler, Mollie E. Uts, Gertrude Walker, Myra W. Wallace, Eleanor R. White, Amelia E. Wittmann, Orpha D. Wood, Elisabeth E. Youlen, Emma M. Zangler, Hannah Steele.

To U. S. Army Base Hospital No. 9, service in Europe, from New York Hospital, New York, N. Y.: Mary Vroom, Lutie M. Adams, Gladys A. Adams, Esther M. Allen, Ada M. Anderberg, Hope Arnold, Frances L. Bell, Frances L. Butler, Helen A. Bronson, Mary M. Cameron, Florence W. Campbell, Caroline Gladys Coddington, Genevieve M. Cooke, Lois A. Cox, R. Lee Cromwell, Irene Marie Curley, Maie L. Evans, Ethel Fenemore, Maud Ferguson, Marie Frasier, Ruth Frasier, Mildred Gibson, Clara Greene, Jane Hafer, Ellen N. Hair, Mary Savage Hamilton, Catherine B. Hay, Lena M. Hubbard, Anna Smith Keater, Kathleen Kennedy, Hortense Knight, Viola Elisabeth Kribs, Mabel Knudson, Ella Mary Krans, Florence M. Landon, Lillian McBeth, Olive McDougall, Margaret MacKay, Jean H. M. Mackay, Eleanor D. McNamara, Gladys Morton, Florence Anne Mosher, Gladys S. Nicholson, Anna V. Peck, Ada A. Penchoen, Edith Stewart Reinhardt, Ethel E. Robinson, Martha M. Russell, Lulu B. Ryan, Annie Shaneman, Lydia Blanche Smith, Delephene E. Smith, Mabel E. Tom, Ethel R. Thompson, Mary Edna Tropp, Margaret E. Vollmer, Lillian Wilson, Nellie Gray Wilson, Sarai Woodward, Alice Maud Towle, G. Elisabeth Hay, Ida J. Anstead, Sarah C. Olmsted, Grace Christina Peterson.

*Transfers.*—To Fort Sam Houston, Texas: Elinor Shirley; To Camp Hospital, Mobilization Camp, Syracuse, N. Y.: Margaret G. Egan, Helen F. Ryan; To Camp Hospital, Douglas, Arizona: Frances B. Chapman, Maude Parson, Susie F. Hunt.

*Relief.*—Reserve Nurses, Army Nurse Corps, relieved from active service in the military establishment: Theodosia B. Burnett, Alma M. Hanna, Cornelia L. Price, Elsie R. C. Harmsen, Jessie M. Wales, Mabel Clarke, Ellen Jane Thomas, Julia M. Adams, Birdie W. Terrell, Hulda C. Hanson, Leola L. Nichols, Grace L. Stock, Marie Brammer, Majorie D. Woodsell, Caroline K. Struck, Frances M. Gallaher, Paula Ohlandt, Helen R. Burroughs, Marion A. Spiess.

DORA E. THOMPSON,  
Superintendent, Army Nurse Corps.

#### THE GUILD OF ST. BARNABAS

The annual meeting of the Guild of St. Barnabas for Nurses was held in Grace Church, Orange, N. J., on June 11, 1917. Coadjutor Bishop Wilson B. Stearley was received as Priest Associate at the communion service. The

address was made by the Chaplain, Rev. C. T. Walkley. Officers were reelected: Secretary, Mrs. Wm. Read Howe; asst. secretary, Mary M. Clark; treasurer, Mrs. d'Arcy Stephen. Delegates to the annual council to be held in Boston are: Active, Beattie Millman, alternate, Elisabeth Pierson; Associate, Fannie Pigott, alternate, Mrs. Walkley. Seventy-two members sat down to luncheon following the business meeting. Mrs. Bowman Leaf of Philadelphia, the General Secretary of the Guild, was the guest of honor. At the meeting of the Sick Relief Association, it was voted to subscribe \$1000 to the Liberty Loan.

**Alabama: Birmingham.**—THE GRADUATE NURSES' ASSOCIATION held its annual reciprocity meeting in May. Helen MacLean, the newly elected president, gave an interesting report of the convention in Philadelphia. Dr. Roundtree gave an address. Bertha Clement, Cora Sanford and Linna Denny are teaching classes in Elementary Hygiene and Home Care of the Sick; Mattie Hinsman is giving the same course in the State Industrial College, Columbus, Miss. ST. VINCENT'S HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting May 19, when Katharine Monetis read her report as delegate to the convention of the American Nurses' Association. On May 22 and 29 respectively, the graduates and students of the hospital enjoyed their annual picnic. On June 5 the hospital graduated a class of twenty nurses, the largest class in its history.

**California: Pasadena.**—THE PASADENA HOSPITAL SCHOOL FOR NURSES held its graduating exercises on June 8, when diplomas were presented to twenty-three nurses. The Alumnae Association is publishing a little four page leaflet called the *Pasadena Hospital Alumnus*. It contains news items and some other material but in no way assumes to be a magazine.

**Canada.**—THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES assembled in Montreal for its tenth annual Convention, June 12 and 13. Among the papers, these were noted: The Preparation of Nurses for Military Work, by Matron Jean Cameron Smith, C. A. M. C.; Work Being Done in Montreal in Connection with the Patriotic Fund, by F. M. Shaw; How are Schools of Nursing Obligated to Prepare Students for Public Health Service, by Ella Phillips Crandall; The Problem of the Feeble Minded, by Miss Keyes; Milk Station Work, by H. R. MacDonald; Work with Baby Clinic, Miss Forsythe; and A Summer at St. Anthony's, J. M. Woodbury.

**Colorado: Denver.**—ST. JOSEPH'S HOSPITAL held graduating exercises on May 31, for fifteen nurses.

**Connecticut: Hartford.**—HARTFORD HOSPITAL TRAINING SCHOOL held its graduating exercises at the Nurses' Residence on May 29, when diplomas were awarded to thirty-three nurses. Mary M. Riddle gave the address.

**Florida: Jacksonville.**—ST. LUKE'S HOSPITAL ALUMNAE ASSOCIATION held its annual meeting and elected the following officers: president, Mrs. Paul Robbins; vice presidents, Mrs. Susan Voorhees, Mary Morrison; secretary-treasurer, Neva Bewley. DUVAL COUNTY GRADUATE NURSES' ASSOCIATION held its annual installation of officers on May 25: president, S. W. Spears; vice presidents, M. B. Laughlin, N. A. Bewley; secretary, Lucy Knox; treasurer, Mrs. Mary Hotchkiss. RIVERSIDE HOSPITAL ALUMNAE ASSOCIATION held its election of officers recently, which resulted as follows: president, Jessie Craig; secretary, Mary Walkup; treasurer, Rosa Greiner. The association voted to give \$10 to the Nurses' Relief Fund.

**Georgia.**—THE GEORGIA STATE NURSES' ASSOCIATION held its eleventh annual meeting in Americus on May 15-16. Addresses of welcome were given by

Hon. E. A. Nesbit and Mrs. Frank Sheffield. An instructive round table on Nursing Education was presided over by L. C. Saville, superintendent of Park View Sanitarium. Chloe Jackson gave an interesting report of tuberculosis work in the state, and urged more coöperation between nurses and charitable workers. Eva Wallace read a paper on Nursing Education. Jane Van de Vrede gave her report as delegate to the National Red Cross Convention. A finance committee was appointed, and it is expected that a training school inspector will follow. An amendment to the constitution was proposed, which, if adopted, will give to associate members all the privileges of active members except that of holding office. The following officers were elected: president, Henrietta Myers; vice president, Dorothy Burns; treasurer, L. C. Saville; recording secretary, Mary C. Johnson; corresponding secretary, Eva Higginbotham; legislative committee, Alberta Dosier; educational committee, Jane Van de Vrede.

ILLINOIS.—THE STATE SCHOOL NURSES' CLUB was organized on June 1, at Joliet, the object being to standardize the school work of the nurses of the state. The following officers were elected: Honorary chairman, Harriet Fulmer, Chicago; chairman, Harriet Patterson, Joliet; vice chairman, Merlin Wilkin, Monmouth; secretary and treasurer, Mary Heitman, Springfield. CHICAGO.—THE ILLINOIS TRAINING SCHOOL held its graduating exercises at the West End Woman's Club on May 29. Diplomas were presented to forty-two nurses. NORTHWESTERN UNIVERSITY HOSPITAL graduated a class of thirty on June 13. The Alumnae celebrated the Annual Home Coming June 14, with a reception and dance. MERCY HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on May 4, electing the following officers: president, Mary Adelaide Walsh; vice presidents, Mary A. Lawless, Mary Schulenburg; corresponding secretary, Lenore L. Tobin; recording secretary, Agnes Kinsella; treasurer, Mary Sheehy. THE PASSAVANT MEMORIAL HOSPITAL held commencement exercises for a class of eight, on May 24. The Alumnae held a special meeting in honor of the three Red Cross nurses who have recently been called into service. On May 22 the Association enjoyed its annual banquet. Passavant nurses were well represented at the national convention, five of them being in attendance. Martha A. Wallace, class of 1906, who has been superintendent of nurses at Macon Hospital, Macon, Ga., and who has just completed a course in Hospital Economics at Columbia University, has been made superintendent of a hospital near Boston. The hospital has lost one of its best friends in the death of Mrs. George S. Isham, for a long time president of the Woman's Board. PEORIA.—J. C. PROCTOR HOSPITAL held graduating exercises for a class of fourteen on May 31. Dr. Charles P. Emerson, dean of the medical school, University of Indiana, gave the address. The annual banquet was held June 2. SIX PEORIA RED CROSS NURSES responded on May 29 to a call from the tornado-stricken districts of Mattoon and Charleston. METHODIST HOSPITAL OF CENTRAL ILLINOIS, formerly the Deaconess Hospital, graduated a class of eight, May 25. Rev. Mr. Ewing of Springfield gave the address. Ada Olsen, class of 1915, has accepted the position of surgical nurse there, previously filled by Lillian West, Wesley Hospital, Chicago, who has entered the office of Dr. Collins. MARY YOUNGREN, Augustana Hospital, Chicago, health inspector in the Peoria public schools, is to be night supervisor at Augustana Hospital, during the summer months. GALESBURG.—GALESBURG HOSPITAL held commencement exercises for a class of twelve on May 22, when Dr. Charles Alden delivered the address. On May 15 the Alumnae gave a dance for the outgoing class. THE EIGHTH DISTRICT of the Illinois State Association entertained the Fifth

District on May 17. Dr. F. J. Percy spoke on Preventive Medicine and Mary Hill told of her experiences as a Red Cross nurse in Russia.

**Indiana.**—THE INDIANA STATE NURSES' ASSOCIATION held its semi-annual meeting at Crawfordsville, April 11 and 12. The association voted to cooperate with the Anti-Tuberculosis Society in caring for soldiers and sailors suffering with the disease. Papers were read on Affiliation, from the Pupil's and the Hospital's Standpoint. Dr. Gott spoke on Interstate Reciprocity. At the morning session of the 12th, 74 applications for membership were approved. A discussion on Home Economics was opened by Laura Parth. Edna Humphrey read a paper on Rules for Graduates in Hospitals, and Rules for Hospitals to Graduates. After much discussion it was suggested that the rules be referred to the League of Nursing Education for revision. At the afternoon session many excellent papers were read. Ft. Wayne.—HORN HOSPITAL held commencement exercises on May 14 for a class of five, Rev. Claude C. Travis addressing them. The Alumnae gave a dance for the new graduates. The Alumnae held its annual meeting on May 7, and selected the following officers: president, Gertrude Barber; vice president, Bess Sewall; secretary, Mrs. Elizabeth Wilkinson; treasurer, Elisabeth Springer. Miss Kelsey, delegate to the national convention, and Miss Kreigh, delegate to the semi-annual state convention, gave excellent reports. Lafayette.—THE LAFAYETTE GRADUATE NURSES' ASSOCIATION held its annual meeting June 21, when the following officers were elected: president, Martha Woody; secretary, Andena Picklefs; corresponding secretary, Goldie Shively; treasurer, Grace Hanvey.

**Iowa.**—THE IOWA STATE ASSOCIATION held its fourteenth annual meeting in Council Bluffs, June 7 and 8. The address of welcome was given by Dr. Donald McCrae; the response by Estelle Horst. The president, Ann J. Jones, in her address made the following recommendations: that special attention be given to reorganization; that a committee be appointed to confer with middle western states in regard to holding a conference in 1919; that a committee be appointed to investigate tubercular conditions among the nurses of the state and to devise methods for relief; that the Legislative Committee be appointed for two years instead of one and that the matter of securing a training-school inspector be hastened. The reports of committees and of societies followed, all the latter showing interest and a good enrollment in the Red Cross. Olive Graber gave a good report of the convention of the American Nurses' Association. At the afternoon session Health Insurance was discussed by Miss Hadra of Omaha. Mary C. Wheeler of Chicago gave an inspiring address on Ideals. Papers followed by Nellie M. Porter on Red Cross Nursing on the Border and by Helen S. Hartley on Responsibility of Training Schools and Graduate Nurses toward Public Health Nursing. At the close of the afternoon, an automobile ride was enjoyed, given by the Chamber of Commerce. In the evening the members were taken in chartered cars to Lake Manawa. Friday morning was occupied by section meetings. At the Public Health Section, Maud Reeder presiding, the following papers were presented: Practical Program for the Public Health Nurse in a Small Community, Isabel Felleman; Prenatal and Maternal Nursing, Mary E. Stark; The Child of Pre-School Age—Whose Responsibility? Ruth Irene Jones; Contagious Diseases, Helen M. Needles. A large delegation of Omaha Visiting Nurses attended this session. At the business session, the following officers were elected: Chairman, Emma L. Wilson, Des Moines; vice chairman, Clara Craine, Davenport; secretary-treasurer, Ruth Irene Jones, Council Bluffs.

The Private Duty Section was called to order by the chairman, Ella McDannel, of Cedar Rapids. A splendid paper was read by Nanna Colby of Waterloo, on The Care of the Nurse. A paper by Alida Lindahl, Des Moines, on Obstetrics, followed. The question box was in charge of Augusta Mueller of Council Bluffs. At the business meeting Ella McDannel was re-elected chairman of the section. The League of Nursing Education was called to order by Estella Campbell in the absence of the president, Josephine Creelman. Officers were elected as follows: president, Mary Haarer, Iowa City; vice presidents, Amy Beers, Fairfield, Mary Nesbit, Council Bluffs; secretary, Elisabeth Findley, Washington; treasurer, Clara Swank, Cedar Rapids; auditor, Nellie Porter, Cedar Falls. Miss Haarer was asked to take the chair at once. The paper, Vocational Guidance for Women was read by Estella Campbell; Problems of the Small Training School were presented by Harriet Olsen, Sioux City; Echoes from the National Convention were given by Clara Swank, Cedar Rapids. Mary C. Wheeler of Chicago was a guest of the League and gave a very interesting talk on the problems which have been presented to training school superintendents since the formation of the Home Nursing classes among the laity. Many women have insisted that they be taken into the hospitals for a short course in nursing in order to complete the knowledge gained in the First Aid classes. Miss Wheeler dwelt on the inadvisability of such a course and found hearty response on the part of the superintendents present. The members discussed the best plans for obtaining recruits for the training schools. A committee with Amy Beers as chairman was appointed to present the matter to the Federation of Women's Clubs, thereby interesting the mothers. At the afternoon session of the Association, Dr. Donald McCrae spoke on the importance of Red Cross Nursing. Several matters of business followed. It was decided to divide the state into seven districts, allowing freedom to the districts as to which counties should be included. It was decided to continue the publication of the Registered Nurses' Record, increasing the dues fifty cents per capita to cover the cost. The result of the election was as follows: president, Mrs. J. J. Seerley, Burlington; vice presidents, Clara Craine, Davenport; Elsie Thompson, Burlington; recording secretary, Gyda Bates, Cedar Rapids; corresponding secretary, Ella McDannel, Cedar Rapids; treasurer, Mrs. John B. Lewis, Ottumwa; auditor, Katherine McCarthy, Dubuque. Dubuque was chosen as the place of next year's meeting. Ann J. Jones was chosen delegate to the 1918 convention of the American Nurses' Association, with Mary Nesbit as alternate. After the adjournment, the members met at a tea given by Mrs. Donald McCrae at her home. In the evening an entertainment was given at St. Bernard's by the Sisters of Mercy. Visits to state institutions were provided for those able to remain over the week end. Two hundred nurses attended the convention. Cedar Rapids.—ST. LUKE'S HOSPITAL graduated a class of ten on June 5. The Alumnae entertained the class at an old-fashioned picnic. MERCY HOSPITAL held commencement exercises for a class of eight, for which the Alumnae Association gave a banquet. The Association recently presented the Hospital with a Chase doll. Keokuk.—ST. JOSEPH'S MERCY HOSPITAL on May 29 graduated a class of three, for whom the Sisters and nurses of the hospital later gave a banquet. Sioux City.—GERMAN LUTHERAN HOSPITAL held graduating exercises on May 9, when seven nurses received diplomas, after listening to an address by Dr. W. H. Hanchette. ST. JOSEPH'S MERCY HOSPITAL held its commencement exercises on May 15, when fourteen nurses received diplomas. Mr. W. L. Steele addressed

the graduates. The Alumnae Association held its first annual banquet on May 16. OTTUMWA.—WAPELLO COUNTY REGISTERED NURSES' ASSOCIATION was organized April 20, with a membership of 35. The following officers were elected: president, Pearl A. Mothershead; vice presidents, Katherine Holehouse, Alice Slaughter; secretary, Mrs. Reta H. Harsch; treasurer, Jane Barelay. Meetings will be held at the Elisabeth Trotter Hall the last Saturday in each month at 3 p.m. PUPIL NURSES OF OTTUMWA HOSPITAL held a county fair, May 11, the proceeds of which, \$90, is to be used in further equipping their class room. EDITH BENDER gave up her position as superintendent of the Ottumwa Hospital to go to St. Luke's Hospital, Chicago. FRIEDA LIEBER is now surgical nurse at the Ottumwa Hospital. MAY E. HARTSUCK, owing to illness, has resigned her position as surgical nurse at St. Joseph's Hospital. MASON CITY.—PARK HOSPITAL held its commencement exercises May 31, when four nurses were graduated. Rev. J. E. Wagner, D.D. gave the principal address. BURLINGTON.—BURLINGTON HOSPITAL graduated a class of eight on May 29.

KENTUCKY.—THE KENTUCKY STATE ASSOCIATION held its eleventh annual meeting at Lexington, May 31 to June 2. The following officers were elected: president, Anna Flynn; vice presidents, M. Steilberg and G. Hutton; corresponding secretary, Margaret Hatfield; treasurer, A. Kreischbaum. The association will meet next year in Louisville. LOUISVILLE.—THE LOUISVILLE CITY HOSPITAL held its twenty-second annual commencement exercises on May 8, for a class of thirty-two. Mary C. Wheeler, of Chicago, addressed the nurses. THE DRACONESS HOSPITAL held graduating exercises recently for a class of seven. THE TRAINING SCHOOL OF NORTON INFIRMARY graduated a class of fifteen on May 29. THE JEWISH HOSPITAL at its commencement exercises, May 31, presented seven nurses with diplomas. WAVERLY HILL.—THE TRAINING SCHOOL OF THE TUBERCULOSIS HOSPITAL graduated a class of seven nurses on May 5. SOUTHEASTERN KENTUCKY was visited by a terrific tornado, May 28-29. Many people were killed and others seriously injured, whole towns and sections were completely demolished. A relief hospital, with Nellie E. Woodward, of Louisville, Ky., in charge, assisted by Anna Nicholas, a visiting nurse of South Carolina, was established in a high school building. The Mayfields Commercial Club raised \$2000 to carry on this relief work.

MAINE.—THE MAINE STATE NURSES' ASSOCIATION held its annual meeting in Portland, June 2. The following officers were elected: president, Edith L. Soule; vice presidents, Lucy J. Potter, Bernice D. Mansfield; recording secretary, Mrs. Ella F. Winslow; corresponding secretary, Florence W. Wheeler; treasurer, Mary A. Penney. During the year the bill for the registration and examination of nurses has been amended, and will go into effect July 1. A board composed entirely of nurses has been secured, nominations are presented by the State Association to the Governor, and the qualifications of the Board of Examiners have been raised. The bill also provides for a school inspector. Red Cross enrollment is steadily increasing throughout the state, three navy detachments and one emergency detachment having been formed, besides a large number who have enrolled without special designation of the service to be performed. PORTLAND.—THE MAINE GENERAL HOSPITAL ALUMNAE ASSOCIATION held a meeting on June 6, when Dr. Estes Nichols read an interesting paper on Tuberculosis. CHILDREN'S HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on June 2. Margaret A. Hughes gave an instructive talk on Public Health Work. The following officers were elected: president, Mrs. Mary Hovey

Smith; vice president, Mabel D. Utecht; secretary-treasurer, Sina Johnson. The pupil nurses were the guests of the association.

**Maryland.**—THE MARYLAND LEAGUE OF NURSING EDUCATION held a meeting on May 16, in Baltimore. The following officers were re-elected: president, Jane E. Nash; vice president, Miss Brady; secretary and treasurer, Mrs. Henrietta E. Knorr. Miss Nash gave a report of the national convention held in Philadelphia and Miss Etchberger talked on the prenatal work connected with The Babies Milk Fund Association. THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES and THE MARYLAND STATE ASSOCIATION OF PUBLIC HEALTH NURSES held a joint session on May 17. Mary E. Lent, the national public health secretary, gave a review of the re-organization of public health work in Los Angeles, Cal., emphasizing the coöperation of all municipal and lay bodies. **Baltimore.**—THE ALUMNAE ASSOCIATION OF JOHNS HOPKINS HOSPITAL at its meeting on May 25 heard an interesting talk on the History of American Surgery. THE JOHNS HOPKINS HOSPITAL held its graduating exercises on May 24. Clara D. Noyes made an address. Diplomas were awarded to 42 nurses by Dr. Winford H. Smith, and the scholarships were presented by Hon. Henry D. Harlan. MERCY HOSPITAL ALUMNAE ASSOCIATION held its annual meeting and elected the following officers: president, Mathilda Scheuer; corresponding secretary, A. V. Stinecheum, 1000 North Charles Street. ST. AGNES HOSPITAL ALUMNAE ASSOCIATION held a regular meeting on May 17. Reports of the convention were read. THE HEBREW HOSPITAL held commencement exercises on May 24, when fourteen nurses were graduated. The class was addressed by Dr. Harvey W. Wiley, of Washington, D. C., and Katherine G. Kimmick, principal of the school. At a recent meeting of the Alumnae Association a large number of the members subscribed to the Liberty Loan Fund. CHURCH HOME AND INFIRMARY ALUMNAE ASSOCIATION held its annual meeting on June 5. The officers elected are as follows: president, Mary I. McGann; vice presidents, Alice Street, Mrs. J. Lee Eisner; secretary, Mrs. Alvin U. Bastable; treasurer, Chlore C. Burke.

**Massachusetts.**—THE STATE NURSES' ASSOCIATION held its fourteenth annual meeting, in Boston, on June 12. Reports from the different officers were read, and several contributions were announced to the Emergency Fund. The Association voted to invest \$200 in the Liberty Loan Fund, and went on record for War Prohibition. A committee was also appointed by the Chair to form resolutions expressing the loyalty of this organization to the government. Miss Davis read a very witty and interesting report of the national convention, to which she had been sent by the Association. Lucy L. Drown was made an honorary member; greetings were sent to her and other honorary members, Linda Richards and Sophia F. Palmer; also to Miss Parsons, president of the Association who was unavoidably absent. These papers are noted on the programme: The Problems of the Small Hospital by Irene Mason, superintendent of Framingham Hospital; Problems of Teaching by Elisabeth Sullivan; Children's Hospital; a report of the State Committee on Revision of By-Laws by Esther Dart; report of Red Cross Nursing Activities by Emma M. Nichols; the Private Duty Nurses' League by Zeidee Moore; Special Summer Course in Industrial Nursing by Agnes McNamara. Sara E. Parsons was reelected president and Mary E. P. Davis, corresponding secretary. In the evening there was a dinner for Red Cross nurses at the Women's City Club. **Boston.**—THE HARVARD MEDICAL RED CROSS UNIT of the Peter Bent Brigham Hospital, was given an impressive farewell service in the Cathedral Church of St. Paul, on May 6. THE MASSA-

CHUSETTS GENERAL HOSPITAL UNIT was given a farewell service in Trinity Church on June 3, Rev. Mr. Sherill, chaplain of the Unit, and Bishop Lawrence gave short addresses. Later, the Bishop blessed the flags. BOSTON CITY HOSPITAL held graduating exercises for a class of thirty-two nurses, on May 25. The Rev. Charles Lyons, president of Boston College, was the speaker. Anna L. Gibson, class of 1907, offered a prize of \$10 a year for excellence in laboratory work. In Miss Nichols' absence with the Red Cross unit Mary A. McMahon, class of 1907, will act in her place. The Alumnae Association at its annual meeting decided to invest \$2000 in Liberty Bonds; to use \$300 in a scholarship or scholarships for the coming year; and to place \$250 in the hands of a committee to be spent for the personal equipment of the nurses in the Boston City Base Hospital Unit. EVA M. MOORE, Boston City Hospital, has resigned from the superintendency of nurses at the Massachusetts Women's Hospital, to become night supervisor at the Buffalo Homeopathic Hospital. Grace B. Beattie succeeds her. Jessie E. Catton, class of 1900, Boston City Hospital, has accepted the superintendency of the Episcopal Hospital, St. Paul, Minnesota. Miss Catton has been studying social service problems and instructing Red Cross Classes in Boston. Adelaide B. Metherell, class of 1900, Massachusetts General Hospital, has been appointed an instructor in making surgical supplies for the Red Cross. THE NEW ENGLAND BAPTIST HOSPITAL is the recipient of \$1000 by the will of Fannie M. French of Brookline. THE ALUMNAE ASSOCIATION OF THE NEW ENGLAND HOSPITAL for Women and Children held a special meeting at the Boston Nurses' Club, May 25, to discuss the reorganization. THE FENWAY HOSPITAL held graduating exercises in May. THE INSTRUCTIVE DISTRICT NURSING ASSOCIATION gave diplomas, on May 25, to fourteen graduate nurses who had taken its special four months' course. THE NEW ENGLAND DEACONESS HOSPITAL graduated a class of thirteen nurses and seven from the Deaconess Training School for Christian Service, on May 31. THE BOSTON NURSES' CLUB on May 28 gave a reception to Julia E. Reed, who for seventeen years has been superintendent of the Club and Registrar of the Directory, she has also been secretary for the local Red Cross since 1914; Miss Reed is resigning to take a long rest. Dr. Conant presented Miss Reed, on behalf of the members, with a pretty hand bag containing gold pieces. Miss Decker, Long Island College Hospital, is to succeed her. THE LINDA RICHARDS CLUB met on May 16. Professor Anne Hervey Strong of Simmons College was the speaker. CUSHING HOSPITAL ALUMNAE ASSOCIATION at a meeting on June 7 elected these officers: president, Miss Fowler; vice president, Miss Proud; corresponding secretary, Agnes Murphy; recording secretary, Miss Purdy; treasurer, Miss Murray. The Association has decided to meet weekly to make supplies for the army, and to raise a fund to provide anesthetics for the soldiers. LONG ISLAND HOSPITAL, Boston Harbor, graduated a class of seventeen, on June 26. Mrs. William McNamara addressed the class on the opportunities in the industrial world for graduate nurses. Canton.—MARION M. BROWN has accepted a position as superintendent of nurses at Canton Hospital. Salem.—THE ESSEX COUNTY BRANCH OF THE STATE ASSOCIATION held its May meeting in Salem. Miss Barret of Lawrence, gave a spirited account of the Convention at Philadelphia. Milford.—MILFORD HOSPITAL ALUMNAE ASSOCIATION at its annual meeting June 14, discussed plans for increasing the attendance and interest in the meetings.

Michigan.—MICHIGAN STATE NURSES' ASSOCIATION held its annual meeting May 22-24, in Grand Rapids. The following officers were elected: president,

Elizabeth Parker, Lansing; vice presidents, Fantine Pemberton, Ann Arbor, Rebecca Douglass, Calumet; recording secretary, Christine Hendrie, Grand Rapids; corresponding secretary, Anna M. Schill, Hurley Hospital, Flint; treasurer, Katherine Hart, Petoskey; councillors, Mrs. L. E. Gretter, Detroit; Ida M. Barrett, Grand Rapids; Chairman of Committees: Ways and Means, Agnes G. Deana, Detroit; Credentials, Mrs. Effie Tyrel, Battle Creek; Nominating, Beatrice Graham, Grand Rapids; Arrangements, Mrs. H. B. Morse, Bay City; Printing, Harriet Leck, Detroit; Red Cross, Mrs. L. E. Gretter, Detroit; Public Health, Mary Marshall, Battle Creek. The Association decided to affiliate with the Michigan Division of the Woman's Committee of the Council of National Defense. Bay City was selected for the meeting place next year. The morning and afternoon of the first day were devoted to business sessions and the reports of the various officers. That evening Dr. John McClellan and Mrs. Mary F. Dewhurst, both of the Chicago Telephone Company, gave addresses, the former on Industrial Welfare, the latter on Industrial Nursing. The morning of the second day was divided between the League, Private Duty Nursing and Public Health Nursing, ending with an address on Nursing of Children, by Dr. Frederick Larned. Business and consideration of Home Nursing occupied the afternoon, and Health Insurance, the evening, the principal address being given by Hon. Francis D. Campau of Grand Rapids. The third day was taken up very largely with business sessions and reports of delegates to the national conventions besides an address on The Central Registry, by Hannah Singer, Registrar, Grand Rapids, and a Round Table on American Red Cross Town and Country Nursing Service, Lucy E. Ramstead, Newberry, presiding. **DETROIT.**—GRACE HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting on May 8, and on May 18 the members of the graduating class were its guests at a theatre party and luncheon. **JACKSON.**—WANDA PREYLUKA is now in charge of the Nursing Department of the Board of Health. **GRAND RAPIDS.**—BUTTERWORTH HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in June at the home of Mrs. Jeanette B. Baker. The following officers were elected: president, Gertrude Lyle; vice presidents, Marguerite Peterson, Mrs. Katherine Holst Bergman; recording secretary, Minnie Jenkins; corresponding secretary, Mrs. Anna Gulhead Smith; treasurer, Inez Mosher. The Association purchased a Liberty Bond.

**MISSOURI: St. Louis.**—THE ST. LOUIS GRADUATE NURSES' ASSOCIATION held its regular monthly meeting on April 16. Mr. Block, of the City Water Works, gave an interesting address on the city water supply. AT THE MEETING OF THE PUBLIC HEALTH NURSES held on April 25, Dr. Wiley gave an address on the Defective Child. THE JEWISH HOSPITAL ALUMNAE ASSOCIATION held a bazaar on April 5, at which \$2000 was realized. Half of the amount will be used for a scholarship in Teachers College, and the remainder for the Nurses' Relief Fund. THE MISSOURI BAPTIST ALUMNAE ASSOCIATION recently elected the following officers: president, Mabel Johnson; vice president, Charlotte McEbray; secretary, Hortense Swaney; treasurer, Ida Baumgartner. **MONTANA.**—THE MONTANA STATE BOARD OF EXAMINERS FOR NURSES recently elected the following officers: president, Margaret M. Hughes, Helena; secretary and treasurer, Florence Ames, State House, Helena. **HELENA.**—ST. JOHN'S HOSPITAL graduated a class of four on June 15, Right Rev. John P. Carroll presenting the diplomas. Dr. O. M. Lanstrum and the Right Reverend John P. Carroll addressed the graduates, the latter exhorting them to be loyal to their profession and to find inspiration

in their service to mankind. Previous to the exercises the nurses were given a banquet by the Sisters of the Hospital.

**Nebraska: Omaha.**—THE NICHOLAS SENN HOSPITAL ALUMNAE ASSOCIATION held its annual meeting and home-coming week on June 4. Mrs. A. P. Condon gave a luncheon at the hospital for the alumnae and the class of 1917. Following the luncheon Colonel Bannister, M.D. spoke on the duties of a Red Cross and military nurse. Mrs. T. F. A. Williams, professor of sociology at Nebraska University, gave a talk on social service work. The day's programme closed with a banquet for the class which graduated June 2.

**New Hampshire.**—THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE held its annual meeting in Manchester, on June 13, forty members attending. The president gave an interesting report of the Philadelphia meetings, after which the following officers were elected; president, Nancy V. Curtice, Concord; vice president, Mrs. Harriett B. Webber, Manchester; corresponding secretary, Clara A. Mitchell; secretary and treasurer, Mrs. Florence M. Knowles, Franklin; president of examining board, Henrietta B. Chisholm, Exeter; secretary, Ednah A. Cameron, South State Street, Concord. The Association decided to purchase a \$100 Liberty Bond. The September meeting will be held at Hillsboro County Hospital.

**New Jersey.**—THE NEW JERSEY STATE ORGANIZATION FOR PUBLIC HEALTH NURSING held its second annual meeting at Long Branch, May 26. The principal speaker was Mr. F. S. Cruin, of the Prudential Insurance Company, who discussed State Health Insurance. Mary V. Crich gave abstracts of the papers read at the national convention. The newly elected officers are: president, Mary V. Crich; vice president, Mrs. Charlotte Heilman; secretary, Mrs. L. J. Gemmell; treasurer, Margaret Dawson. The present membership is about 75. THE COUNTY SOCIETY OF NEW JERSEY GRADUATE NURSES, FIRST DIVISION, held its sixth annual meeting in Newark, June 12, and elected the following officers: president Anna Greatsinger, Montclair; vice president, Mrs. George Varley, Newark; secretary, Clara Bannister, Orange; treasurer, Anna M. Quinn, Elisabeth. **Hackensack.**—HACKENSACK HOSPITAL on June 20 graduated a class of fourteen. **Trenton.**—THE WILLIAM MCKINLEY MEMORIAL HOSPITAL held graduating exercises June 6, for a class of five. The address of the evening was given by Ex-governor E. C. Stokes. The Alumnae Association held its annual meeting at the Hospital, June 4, electing the following officers: president, Mrs. Owen Kite; vice president, Anna Weisenberger; secretary, Martha B. Crow; treasurer, Ella M. Doran. **Newark.**—ST. BARNABAS HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at the Nurses' Home on May 11, and elected the following officers: president, Mrs. Richard Hensler; vice president, C. Leith; secretary, Mrs. Mabelle H. Bissell; treasurer, Emma Young. **Elizabeth.**—THE ELIZABETH GENERAL HOSPITAL celebrated the twenty-fifth anniversary of the founding of its training school at its graduating exercises held May 29. The principal address was made by Mary M. Riddle, and diplomas were presented to 19 nurses, the largest number ever graduated from the school, by Frederick J. Faulks. **Orange.**—ORANGE TRAINING SCHOOL ALUMNAE ASSOCIATION held a regular meeting on May 16, at which Dr. B. B. Ransom gave an address entitled, A Resumé of Some of the Newer Phases of Surgical Treatment. After the lecture the members of the association repaired to a near-by theatre where pictures illustrating the lecture were shown. The members of the Association feel that in the death of Bertha J. Gardner they have lost a worthy member of the pro-

fession, who was faithful and attentive to her duties in all times and places. She was a friend of all and was greatly beloved. Her death is a loss to the association and to the profession. Camden.—COOPER HOSPITAL ALUMNAE ASSOCIATION at its annual meeting, June 7, received five new members, making a total of seventeen during the year. It was decided to give \$25.00 to the Nurses' Relief Fund. These officers were chosen: president, Elsie Pedric; vice presidents, Mary M. Marcy, Mrs. Hannah Evans; secretary, Emily A. Jummel; treasurer, Viola E. Bloxom; executive board, Mabel R. Batten, Mary I. Hammel. The members of the graduating class were guests at the banquet which followed. The evening ended with a report from Nora McDonnell, delegate to the state convention. The next meeting will be held in October, 1917.

New York: New York.—THE NEW YORK CITY LEAGUE FOR NURSING EDUCATION held its annual meeting, May 16, at which the following officers were elected: president, Amy Hilliard; vice president, Florence Johnson; secretary, Agnes Gibney; treasurer, Margaret Dudley; directors, Elisabeth Greener, Jessie Murdock, M. H. Jordan. Carolyn E. Gray gave a report of the recent convention. Miss Hilliard suggested that a letter be sent to Miss Delano asking that the same military recognition be given our nurses who are engaged in military service as is accorded the British and Canadian nurses. Mrs. Worms, who has seen much active service in France, described the care of the wounded. At the suggestion of Miss Goodrich, the League appointed the members of the Executive Committee to work in conjunction with the Mayor's Committee in taking a survey of the nursing facilities of New York City. Word was sent, in response to a letter asking how the public and high schools could be of service, that the Department of Education could help by placing before the students the advantages of the nursing field and by emphasizing that for each student nurse who enters training, a more experienced nurse can be relieved for service over seas. THE NEW YORK COUNTY REGISTERED NURSES' ASSOCIATION held its last meeting of the season on June 5. Dr. Frances C. Wood, director of the Crocker Cancer Laboratory, gave a graphic description of the Columbia Military Hospital. THE CENTRAL CLUB FOR NURSES reports the following activities: There have been several entertainments for the benefit of the Military Relief Department, to which the members are urged to give as much of their spare time and money as they can. Laura Muldoon is in charge of the work. The Club sent ten cases of dressings with the first New York Red Cross Unit that left for Europe. The Club is conducting French lessons for Red Cross nurses, and permitted the use of their House as a center in the taking of the State military census. Dr. Irving Fisher gave a stereopticon lecture on Southern California and its Missions, and the Grand Canyon. The members enjoyed a trip to Bellevue Hospital, conducted by Amy M. Hilliard, the superintendent; also to the Botanical Gardens and to the Museum of Natural History. On May 26, the resident members of the Club gave a reception to Eleanor Crawford who was married in June. Elisabeth Burns voiced their deep sense of appreciation of Miss Crawford's untiring effort as general secretary, Alice H. MacLellan, the new general secretary, entered upon her duties June 1. THE SCHOOL OF NURSING OF THE PRESBYTERIAN HOSPITAL held its twenty-fourth commencement exercises on May 17. The graduating class, thirty-nine in number, listened to an address by Major Charles W. Gordon, of the 43rd Cameronian Highlanders, better known as the author, Ralph Connor. Anna C. Maxwell, superintendent, received a hand illuminated testimonial signed by the managers in recognition

of the completion of her twenty-fifth year of service as director of the school of nursing. Columbia University also honored Miss Maxwell at its recent commencement, by conferring upon her the degree of Master of Arts. Cables announced the arrival in England of the Presbyterian Hospital Unit No. 2, and later in France. **THE TRAINING SCHOOL OF KINGS COUNTY HOSPITAL** held graduating exercises on May 10. Thirty-three young women received diplomas. **White Plains.**—**WHITE PLAINS HOSPITAL ALUMNAE ASSOCIATION** held its annual meeting May 8, when the following were chosen as officers: president, Elisabeth Delworth; vice president, E. Walsh; secretary, M. V. McKerracher; corresponding secretary, Mrs. F. C. Ferry; treasurer, Mrs. P. Romer. **Binghamton.**—**BROOME COUNTY GRADUATE NURSES' ASSOCIATION** held its annual meeting on June 13. The following officers were elected: president, Mary Clark; vice president, Mrs. Mary Rhoda; secretary, Edith Atkins; treasurer, Margaret Carroll; trustee for three years, Mary Connally. It was decided to send telegrams to Washington urging the passage of all war prohibition measures, and to purchase a Liberty Bond. **Middletown.**—**MIDDLETOWN STATE HOSPITAL ALUMNAE ASSOCIATION** held its third annual reunion, banquet and dance on June 5. The association now numbers 137. The following are the elected officers: president, Agnes M. Valley; vice president, Mrs. Annie Nearn; secretary, Sadie M. Dedrick; treasurer, John L. Williams. The Hospital held commencement exercises June 27, when twenty-two students received diplomas. Rev. Robert O. Kirkwood gave the principal address; Dr. Maurice C. Ashley presented the diplomas. **Buffalo.**—**BUFFALO GENERAL HOSPITAL ALUMNAE ASSOCIATION** held a meeting June 28, electing the following officers: president, Olive S. Wallace; vice presidents, Anna Boileau, Florence Hamilton; recording secretary, Myrta Diefendorf; corresponding secretary, Anna McDonald; treasurer, Mary Barth; assistant treasurer, Hazel Houghton. The yearly report showed a gain of twenty-five members, and a financial standing which allows the association to furnish a bed for the Buffalo Base Hospital, to lay aside a monthly sum for a permanent club house, and to add to the nucleus for an endowed room fund at the hospital. Luella Clark, class of 1913, has returned from Honolulu where she has been doing public health work for the past two years. **Rochester.**—**ROCHESTER STATE HOSPITAL** held commencement exercises for a class of twenty-one on July 6. Everett S. Ellwood, secretary to the State Hospital Commission, addressed the graduates. **THE MONROE COUNTY REGISTERED NURSES' ASSOCIATION** was formally entertained at the Markham and Puffer Dairy in Avon, on July 12. Dr. Alvah S. Miller, secretary of the Milk Commission of the Medical Society, accompanied the nurses. **Clifton Springs.**—**CLIFTON SPRINGS SANITARIUM** held its graduating exercises in the Chapel, on June 7, when diplomas were awarded to eleven nurses. The address was given by Dr. J. A. Lichty. A reception followed. The following evening, the Alumnae Association, after enrolling all of the graduates as members, enjoyed its annual banquet. Madeline Jaffray, class of 1914, who is working in France with a Canadian contingent, has been wounded by shrapnel, but is recovering. She has been awarded the Croix de Guerre.

**North Carolina.**—**THE NORTH CAROLINA STATE NURSES' ASSOCIATION** held its fifteenth annual meeting in Fayetteville, May 22-23, with a large and representative attendance. Among the interesting papers read were: The Evolution of Nursing in North Carolina, Mary Rose Batterham; Special Nursing in Mental and Nervous Diseases, Lelia Sumner; The Commercialization of the Pupil Nurse,

Lula West; Management of a Small Hospital, Edith Redwine. The report of Birdie Dunn, chairman of the Ways and Means Committee, was accepted with much pride and gratitude, as an act of the Legislature was ratified on February 2, providing for compulsory registration, uniform curriculum and a training school inspector. Eugenia Henderson and Mrs. Dorothy Hayden were elected delegates to the American Nurses' Association in 1918, with E. A. Kelly and Blanch Stafford as alternates. Cleone Hobbs was elected delegate to the Red Cross annual meeting. Out of 34 Red Cross nurses in the state, 7 have volunteered to serve with the Emergency Detachment. The social features were many and enjoyable. The officers elected are: president, Eugenia Henderson, Charlotte; vice presidents, Mary L. Wyche, Henderson, and Jane Brown, Asheville; secretary, Mrs. Dorothy Hayden, Greensboro; treasurer, E. A. Kelly, Fayetteville; directors, Edith Redwine, Monroe, and Blanch Stafford, Winston-Salem. Edith Redwine was appointed training-school inspector. The Ways and Means Committee, Birdie Dunn, Mary L. Wyche and Mrs. Claude Barbee, was instructed to change the by-laws in order to cooperate in every way possible with the American Nurses' Association and report for discussion at the next annual meeting, which is to be held in Kinston.

North Dakota: Bismarck.—BISMARCK HOSPITAL formally opened its new Nurses' Home on June 10, with a dedication service by Bishop S. P. Spreng. The home is a modern fireproof structure, with well-equipped teaching and living quarters. At the annual meeting of the hospital Louise Hoerman was elected superintendent of nurses, and Sarah Sand, superintendent of the training school. Graduating exercises for a class of eleven were held on June 12. Fargo.—ST. LUKE'S HOSPITAL graduated a class of eight on June 26. The address of the evening was given by Rev. E. R. Anderson. The Alumnae Association held its annual meeting on June 7. Dr. S. Oftedal addressed the nurses on Advances in Modern Surgery. The following officers were elected: president, Carrie Noben; vice president, Olga Bredeson; secretary, Annie Mickleson; treasurer, Ingeborg Ulseth; chairman of entertainment committee, Mrs. Gudrun Bondahl.

Ohio.—THE OHIO STATE ASSOCIATION OF GRADUATE NURSES held its fourteenth annual meeting at Youngstown, June 4-6. The sessions were well attended, the meetings full of enthusiasm. The messages from Miss Delano and Miss Goodrich were appreciated. Among the papers noted are: Laws as They Relate to Women, Particularly Nurses, Anna Gladwin; The Progress of Registration, Harriet L. P. Friend; Health Insurance, Dr. Sidney McCurdy; Health Insurance—What It Means to the Nursing Profession, Edna L. Foley; Organizing a Base Hospital Unit, Katherine McConnell; Insurance for Nurses, Emma R. Ardill; Why Private Duty Nurses Should Organize, Mary Purcell; The Teaching of Dietetics in Schools for Nurses, Miss Graves; The Teaching of Bacteriology in Schools for Nurses, Blanch Pfefferkorn; The Visiting Teacher, Clara F. Brouse. The Association has felt the need of a field secretary, to work among the graduates, to secure applicants for training schools from high schools and colleges, to assist in the organization of district associations, and to get in touch with remote sections. Until the state is re-districted, the fund for this work is to be raised by private subscription. These officers were elected: president, Jennie Tuttle, Columbus; vice presidents, Mary A. Roberts, Cincinnati, V. Lotta Lorimer, Columbus, Minnie McKillop, Youngstown, Lottie Darling, Cleveland, Lydia Spielman, Toledo; corresponding secretary, Harriet L. P.

Friend, State House, Columbus; recording secretary, Rose K. Steinmets, Akron; treasurer, Mary A. Jamieson, Columbus; assistant treasurer, Augusta M. Condit, Columbus; nurses' examining committee, Harriet L. P. Friend, chief examiner, Columbus; Anna Johnson, Yellow Springs, Mary M. Roberts, Cincinnati, George H. Matson, secretary and executive officer, Columbus. **Cleveland.**—THE SCHOOL OF APPLIED SCIENCES OF WESTERN RESERVE UNIVERSITY held its first commencement exercises for five students who have completed the work of the Public Health Nursing Course, on June 11. Edna L. Foley, the chief speaker, gave an inspiring talk on The New Public Health Nurse. **LAKEVIEW HOSPITAL** held its graduating exercises on May 24, when an address was given by Dr. Charles P. Emerson. Diplomas were presented to thirty-one nurses by Mr. Samuel Mather. THE LAKEVIEW UNIT, which left for France in May, has taken from the public health field many excellent public health nurses. **ST. VINCENT'S CHARITY HOSPITAL** formally dedicated its new surgical pavilion April 15, on the occasion of its Golden Jubilee. The book which has been issued as a souvenir of the dedication gives the history of the hospital from 1865. **NETTIE S. RADEE** has succeeded Alice C. Beattie as registrar of the Central Directory. **Cincinnati.**—THE GRADUATE NURSES' ASSOCIATION OF CINCINNATI AND HAMILTON COUNTY held its annual meeting on May 15 at the General Hospital. A comprehensive report of the Convention of the American Nurses' Association was given by the delegates. Officers were elected as follows: president, Abbie Roberts; vice presidents, Mary Roberts, May M. Russell; secretary, M. E. Fagen; treasurer, Ella Awrey. **JEWISH HOSPITAL ALUMNAE ASSOCIATION** held its regular meeting May 14. Interesting reports of the national convention were given, and the following officers were elected: president, E. Dooley; vice president, E. Ardill; recording secretary, E. Burdorf; corresponding secretary, W. Culbertson. THE GRADUATE NURSES' ASSOCIATION OF CINCINNATI AND HAMILTON COUNTY, at its meeting on June 25 listened to interesting reports from the delegates to the state convention: Blanche Pfefferkorn representing the League of Nursing Education; Mary Fraser, public health nurses; Anna Landon, private duty nurses. Abbie Roberts presented some needs of the Ohio State Association, showing how they could be met by a travelling state secretary. The Association contributed \$500, with a promise of further financial aid, if needed.

**Pennsylvania: Philadelphia.**—THE ALUMNAE ASSOCIATION OF WOMAN'S HOSPITAL held its regular monthly meeting, June 13. Fourteen nurses were received into membership. A committee of three was appointed to revise the constitution and by-laws. The next meeting will be held at the hospital on October 10. **GERMAN HOSPITAL ALUMNAE ASSOCIATION** held its annual garden fete, June 8. The proceeds, \$500, were given to a German Hospital Auxilliary of the American Red Cross. The graduating class of the hospital instead of enjoying class day donated \$75 to the same auxilliary. THE ALUMNAE ASSOCIATION OF CHESTNUT HILL HOSPITAL at its annual meeting on June 13, elected the following officers: president, Anna Brown; vice presidents, Mae Vaught, Elisabeth Murphy; secretary, Beattie Hamilton; treasurer, Alice Dawe. **PHILADELPHIA GENERAL HOSPITAL ALUMNAE ASSOCIATION** held its regular meeting in June, with 34 members present. Pearson Memorial Committee reported \$32 in its fund. The Ways and Means Committee reported almost \$100 added to the treasury of the association. The committee on the revision of the by-laws was increased. Thirty new members were accepted. **ST. AGNES' HOSPITAL ALUMNAE ASSOCIATION** recently elected the following officers: president, Sara Smith; vice president, Mary A. O'Neill,

secretary, Mary P. Connolly; treasurer, Mrs. Alfred S. Doyle. **Pittsburgh.**—**MERCY HOSPITAL ALUMNAE ASSOCIATION** held a meeting at the hospital on June 7. Hilda McAtee was named to succeed Mrs. James McHugh, as treasurer. A series of monthly lectures was announced to begin in September. A varied entertainment in honor of the Red Cross nurses who have enrolled in the Pittsburgh Unit was enjoyed. **Punksutawney.**—**THE ADRIAN HOSPITAL ALUMNAE ASSOCIATION** has given \$155 to their local Red Cross Chapter and \$50 to the Y. M. C. A. war fund. They have organized an auxiliary to the local chapter. **South Bethlehem.**—**Mrs. CARRIE PEDRICK**, class of 1916, St. Luke's Hospital, has accepted the position of technician in the pathological laboratory of the hospital. **Harrisburg.**—**THE HARRISBURG HOSPITAL ALUMNAE ASSOCIATION** entertained the graduating class at a theatre party on May 17.

**Rhode Island: Providence.**—**RHODE ISLAND HOSPITAL NURSES' CLUB** held its regular meeting on May 8, when Dr. Joseph H. Ladd, superintendent of the School for the Feeble Minded, at Exeter, spoke of the work of the institution, and showed specimens of what the pupils have done. **RHODE ISLAND HOSPITAL ALUMNAE ASSOCIATION** held its regular meeting on May 22, when several new members were admitted. **RHODE ISLAND HOSPITAL TRAINING SCHOOL** held its graduating exercises on May 23. Addresses by Lucy C. Ayers, former superintendent of the school, and Dr. H. B. Howard, Peter Bent Brigham Hospital, Boston, were given. Forty nurses received diplomas. **PROVIDENCE DISTRICT NURSING ASSOCIATION** held its annual Donation Day, when \$13,222.72 were received. **BUTLER HOSPITAL** held its graduating exercises on June 5. An address was given by Dr. Montgomery Mosher, and diplomas were awarded by Charles H. Merriman. The Alumnae Association held a successful sale on June 2, the proceeds being given to the Red Cross. **THE RHODE ISLAND ASSOCIATION OF GRADUATE NURSES** held its annual meeting on May 26, and elected the following officers: president, Mrs. Churchill; vice presidents, Lucy C. Ayers, Elisabeth F. Sherman; corresponding secretary, Alida Young; recording secretary, Miss Johnson; treasurer, Miss Beckwith. **THE RHODE ISLAND CENTRAL DIRECTORY** held its annual meeting on May 29, when the president and most of the other officers were reelected. The association voted to invest in a \$1000 government bond.

**Utah.**—**THE UTAH STATE NURSES' ASSOCIATION** reports that during the session of the legislature held in Salt Lake City in January, 1917, a law providing for the registration of graduate nurses was passed; this law went into effect May 8. In accordance with this Act, the Governor has appointed the following nurses as Board members: Zina Johnson, Provo; Sarah Bastow, Logan; Stella Sainsbury, Ogden; Ella Wicklund and Laura G. Willes, Salt Lake City. The Board has elected these officers: president, Zina Johnson; vice president, Sarah Bastow; secretary-treasurer, Ella Wicklund. The Association at its quarterly meeting held in Ogden, June 9, heard the report of Alma Karlsson, who with Laura G. Willes, attended the convention as delegate from Utah. **Salt Lake City.**—**ST. MARK'S ALUMNAE ASSOCIATION** at its meeting on June 8, decided to buy a Liberty Bond. Laura G. Willes gave a report of the national convention.

**Vermont: Burlington.**—**THE GRADUATE NURSES' ASSOCIATION OF THE FANNY ALLEN HOSPITAL** held its annual meeting on May 12. Officers were elected as follows: president, Mrs. A. L. Larnier; vice president, Mrs. Arthur Mennier; secretary, Mary Murrin.

**Wisconsin.**—THE EXAMINATION FOR REGISTERED NURSES took place in Milwaukee, June 26 and 27, in the court room of the Federal Building. The class was the largest that has been examined, there being 107 new applicants and 9 for re-examination. **Milwaukee.**—MILWAUKEE COUNTY HOSPITAL held graduating exercises for a class of eleven on May 22. Miss Sabu, president of Downer College, addressed the graduates. The class was entertained the following evening by the Alumnae Association, this being the occasion of the Association's annual meeting. These officers were elected: president, Stella Fuller; vice presidents, Mrs. Harriet Patterson, Violet Talty; secretary, Mary Wallan; treasurer, Mrs. Mary Mohr; directors, Mrs. Patterson, Miss Madsen and Miss Pope. TRINITY HOSPITAL ALUMNAE ASSOCIATION held its fourteenth annual meeting, June 6, and voted that \$25.00 be sent to the American Red Cross.

### BIRTHS

On April 16, at Waukegan, Ill., a daughter, to Mr. and Mrs. McArthur. Mrs. McArthur was Florence Gilbert, class of 1915, Jane McAlister Hospital, Waukegan, Ill.

On May 5, at Rockford, Ill., a daughter, to Mr. and Mrs. Luby. Mrs. Luby was Ethel Cullen, class of 1912, Jane McAlister Hospital, Waukegan, Ill.

On January 22, at Bennington, Vt., a son, to Mr. and Mrs. Earl W. Williams. Mrs. Williams was Edith S. Grover, class of 1916, Cooley-Dickinson Hospital, Northampton, Mass.

On May 18, a son, Jack, to Mr. and Mrs. Earl Bradley. Mrs. Bradley was Adelaide Herrman, class of 1914, St. Mary's Hospital, Grand Rapids, Mich.

On April 10, at New Boston, Ill., a daughter, to Mr. and Mrs. Elbert Harney. Mrs. Harney was Helen Brooks, class of 1914, Monmouth Hospital, Monmouth, Ill.

On July 6, at Clarksburg, W. Va., a son, Earl Clifford, to Mr. and Mrs. Homer Reeves. Mrs. Reeves was Lena Rinker, class of 1913, Deaconess Hospital, Indianapolis, Ind.

On June 1, a daughter, to Mr. and Mrs. Alexander O. Campbell. Mrs. Campbell was Edna F. Preising, class of 1915, Presbyterian Hospital, Philadelphia, Pa.

On January 10, at Guthrie, Okla., a son, to Dr. and Mrs. F. G. Cronk. Mrs. Cronk was Mildred Meyers, class of 1911, Church Home and Infirmary, Baltimore, Md.

On April 30, a daughter, to Dr. and Mrs. Eugene B. Wright. Mrs. Wright was Elsie Daub, class of 1910, Church Home and Infirmary, Baltimore, Md.

In April, a daughter, to Mr. and Mrs. G. Schneller. Mrs. Schneller was Jeanette Cornie, class of 1915, Bismarek Hospital, Bismarek, N. D.

On May 16, at Hamilton, Ohio, a daughter, Mary Catherine, to Mr. and Mrs. George Bramlage. Mrs. Bramlage was Catherine O'Neill, class of 1906, Mercy Hospital, Hamilton, and one of its first graduates.

On March 18, at Valparaiso, Ind., a son, John H., to Mr. and Mrs. George Kreiger. Mrs. Kreiger was Jennie Hawes, class of 1903, Hope Hospital, Ft. Wayne, Ind.

On March 30, at Cochrane, Ontario, Can., a son, to Mr. and Mrs. McKay. Mrs. McKay was Ada Selena Hicks, class of 1902, Hope Hospital, Ft. Wayne, Ind.

On May 6, at Edinburgh, Pa., a daughter, to Mr. and Mrs. Allen Lloyd Steele. Mrs. Steele was Bessie Hammond, class of 1914, Harrisburg Hospital, Harrisburg, Pa.

## MARRIAGES

On May 22, at Beaver Falls, Pa., Lottie E. Slater, class of 1914, Beaver Valley General Hospital, New Brighton, Pa., to Arthur I. Eberhart. Mr. and Mrs. Eberhart will live in Punxsutawney, Pa.

On May 10, at Chicago, Ill., Anna M. Donckus, Jane McAlister Hospital, Waukegan, Ill., to William Zendewild. Mr. and Mrs. Zendewild will live in Waukegan.

On April 3, at New York City, Mrs. Lillian M. Bird, class of 1895, Woman's Hospital, Philadelphia, Pa., to Frank Van Why. Mr. and Mrs. Van Why will live in East Stroudsburg, Pa.

On May 2, at Gettysburg, Pa., Lena R. Merts, class of 1900, Woman's Hospital, Philadelphia, Pa., to William Gretch. Mr. and Mrs. Gretch will live in Baltimore, Md.

On May 5, Gabriella Lassell, class of 1914, Children's Hospital, Washington, D. C., to Josiah B. Henneberger, M.D. Dr. and Mrs. Henneberger will live in Washington.

On April 5, at Cincinnati, O., Norma A. Saner, instructor of nursing at the Cincinnati General Hospital, to Louis Selbert. Professor and Mrs. Selbert will live in Columbia, Mo.

On May 28, at New Castle, Ind., Lela Frances Boggerly, class of 1909, City Hospital, Louisville, Ky., to Osgurd Goranson. Mr. and Mrs. Goranson will live in Ohio.

On May 26, Edna Irene Wheeler, class of 1915, Boston City Hospital, to Roland Augustus Behrman, M.D. Dr. and Mrs. Behrman will live in West Roxbury, Mass.

In May, Sarah Elizabeth Wellgoose, class of 1898, Boston City Hospital, to Nathaniel Wales. Mr. and Mrs. Wales will live in Needham, Mass.

In May, Mildred M. Adamson, class of 1914, Boston City Hospital, to David Dilks. Mr. and Mrs. Dilks will live in Pennsylvania.

On May 16, in East Boston, Mass., Margaret M. Alexander, class of 1909, Massachusetts General Hospital, to Ralph W. Dennen, M.D.

On May 24, Gladys I. Brown, class of 1914, Boston City Hospital, to George C. Buerkel. Mr. and Mrs. Buerkel will live in Boston.

On June 27, at Norwood, Mass., Edwa C. Davies, Waltham Training School, to John Barrington. Mr. and Mrs. Barrington will live in Sydney, Cape Breton. Miss Davies was school nurse in Norwood.

On June 19, in Boston, Mass., Madelyn Cuneo, Frost Hospital, Chelsea, Mass., to Michele Nigro, M.D. Dr. and Mrs. Nigro will live in Revere.

On June 27, at Dedham, Mass., Jessie May Moulton, to Ernest N. Cartwright. Mr. and Mrs. Cartwright will live in Dedham. Miss Moulton was school nurse at Taunton and later at Dedham.

On May 2, Ruth Ross, class of 1916, Altoona Hospital, Altoona, Pa., to Robert Gearhart, M.D. Dr. and Mrs. Gearhart will live in Stroudsburg, Pa.

On June 2, Helen Cordelia Musser, class of 1912, Altoona Hospital, Altoona, Pa., to Don Bell Shults. Mrs. Shults has been head nurse at the Eye and Ear

Hospital, Pittsburgh, Pa., for the last four years. Mr. and Mrs. Shults will live in Tiffin, Ohio.

On June 2, at South Bethlehem, Pa., Elenor M. Petree, class of 1916, St. Luke's Hospital, South Bethlehem, to Clarence E. Twombly. Mr. and Mrs. Twombly will live in South Bethlehem.

On June 2, at Phillipsburg, New Jersey, Anna Henderson, class of 1914, St. Luke's Hospital, South Bethlehem, Pa., to Jonathan B. Craig. Mr. and Mrs. Craig will live in New Germantown, N. J.

On April 24, at Bristol, Va., Julia Faulkner, class of 1910, St. Mary's Hospital, Grand Rapids, Mich., to Leo Robinson. Mr. and Mrs. Robinson will live in Tastice, Va.

On May 31, at North Attleboro, Mass., Mary Cordelia Bleik, class of 1910, Rhode Island Hospital, to Lawrence Anthony Parker.

On April 9, at Baltimore, Md., Helen Wallace, class of 1913, Church Home and Infirmary, Baltimore, to John Lee Eiser. Mr. and Mrs. Eiser will live at Ten Hills, Baltimore County, Md.

Recently, at North Loup, Neb., Lena Meyers, to Fred Grauberger. Mr. and Mrs. Grauberger will live in Sterling, Col.

Recently, Mary Payne, Norton Infirmary, to A. F. Solbrig.

Recently, Mabel Prettyman, Norton Infirmary, to Ossian P. Ward. Mr. and Mrs. Ward will live in Louisville, Ky.

Recently, Ethel Landis, class of 1914, Hebrew Hospital, Baltimore, Md., to Adam Link. Mr. and Mrs. Link will live in Martinsburg, W. Va.

On May 5, at Chicago, Ill., India L. Pfeiffer, class of 1914, Passavant Memorial Hospital, to Luthur A. Johnson. Mr. and Mrs. Johnson will live in Chicago.

On May 9, at Peterboro, Ontario, Canada, Mary Edna McIntosh, class of 1915, The Sanitarium, Clifton Springs, N. Y., to Frederick Harold Torrance.

On May 18, in Northumberland, Pa., Ida May Lesher, class of 1913, The Sanitarium, Clifton Springs, N. Y., to John A. Mitchell.

On June 20, in Brockville, Ontario, Canada, Caroline Billings, class of 1916, The Sanitarium, Clifton Springs, N. Y., to Edmund Crandall.

On June 15, Gene Nerdahl, class of 1917, St. Luke's Hospital, Fargo, to Ingrold O. Haroldson. Mr. and Mrs. Haroldson will live in Rollette, N. D.

On June 18, at Bloomington, Ill., Lillian A. Hanson, class of 1913, Frances Willard Hospital, Chicago, to Lyman L. Canady. Mr. and Mrs. Canady will live in Colfax, Ill.

On March 2, Mae Walton, class of 1912, County Hospital, Denver, Col., to Alfred Hoskin, M.D.

On May 4, Clarice King, class of 1915, County Hospital, Denver, Col., to Everitt Hanson.

On May 9, at Council Bluffs, Iowa, Marie Glissman, class of 1912, Jennie Edmondson Hospital, to Leroy Crownse. Mr. and Mrs. Crownse will live in Council Bluffs.

In April, at Council Bluffs, Iowa, Bertha Wheeler, class of 1915, Jennie Edmondson Hospital, to C. Moore. Mr. and Mrs. Moore will live in Council Bluffs.

On June 6, in Des Moines, Iowa, Borghild F. Larsen, Atlantic Hospital, Atlantic, Iowa, to Everett Wissler. Mr. and Mrs. Wissler will live in Des Moines.

On May 26, at Chariton, Iowa, Helen Boyles, Iowa Methodist Hospital, Des Moines, to Edward Nordington. Mr. and Mrs. Nordington will live in Des Moines.

Recently, at Sioux City, Iowa, Clara Kolpin, class of 1913, German Lutheran Hospital, to Fred Lunke. Mr. and Mrs. Lunke will live in Holstein, Iowa.

In February, at Battle Creek, Mich., Verna Mullen, Methodist Hospital of Central Illinois, Peoria, to Henry Kurz. Mr. and Mrs. Kurz will live in Battle Creek.

In April, Charlene Zeller, to H. H. Dolley. Mr. and Mrs. Dolley will live in Torrence, Cal. Miss Zeller was president of the Kansas State Association.

On June 30, at Baltimore, Md., Gulielma G. K. W. Hewes, class of 1906, Maryland Homeopathic Hospital, Baltimore, to William Conrad Bode, M.D. Dr. and Mrs. Bode will live in Baltimore, where Mrs. Bode will continue as Registrar of the Central Directory.

On June 20, Caroline Marie Holmes, class of 1915, Long Island College Hospital, Brooklyn, N. Y., to Edward R. Murphy. Mr. and Mrs. Murphy will live in Brooklyn.

Recently, in New York City, Ida B. Whitbeck, Hartford Hospital, Hartford, Conn., to George F. Chandler. Mr. and Mrs. Chandler will live in Flushing, L. I.

On April 23, at Harlan, Ia., Olga Olsen, class of 1915, Clarkson Memorial Hospital, Omaha, Neb., to Charles F. Moon, M.D. Dr. and Mrs. Moon will live at Superior, Wyo.

On April 22, at Valdosta, Ga., Elida Bergstrom, class of 1914, Halcyon Sanatorium, Tampa, Fla., and class of 1916, Boston Floating Hospital, to George O. Davis, M.D. Dr. and Mrs. Davis will live in Madison, Fla.

On June 2, in Buffalo, N. Y., Helen Marguriete MacMahon, class of 1914, Emergency Hospital, Buffalo, to Luther Courter Sampson, M.D.

#### DEATHS

On July 1, at Clifton Springs Sanitarium, Clifton Springs, N. Y., Bertha Jeanette Gardner, class of 1887, Memorial Hospital, Orange, N. J. With the exception of two years spent in minor hospital positions, Miss Gardner did private nursing in California and in New Jersey until August, 1913, when she became connected with the JOURNAL.

On May 14, at the Sanitarium, Denver, Colorado, Jessie M. Barrie, class of 1896, Long Island College Hospital, Brooklyn, N. Y.

On April 20, at Brooklyn, N. Y., Olive Lambert, class of 1895, Long Island College Hospital, Brooklyn, N. Y.

On December 5, at Artesia, N. M., Ethel King Stroup, class of 1900, County Hospital, Denver.

Recently, Mrs. Esther Lapp, class of 1904, Passavant Memorial Hospital, Chicago. Mrs. Lapp was Esther Ebersole. She had been a medical missionary at Dahmtari, India.

On July 2, at Bridgeport, Conn., Anna E. Barron, class of 1897, Connecticut Training School, New Haven, after a distressing illness of several months. Miss Barron was for several years president of the Alumnae Association of her school, and will be greatly missed by those who knew her.

## BOOK REVIEWS

**THE ADVENTURE OF DEATH.** By Robert W. Mackenna, M.A., M.D.  
G. P. Putnam's Sons, New York and London. Price, \$1.50.

This is not such a cheerless subject, treated as it is by Dr. Mackenna, as its title would lead one to think. A reverent attitude, added to his personal experience, makes an interesting book, and one is left with the feeling that fear of death is unnecessary and cowardly. The chapter on euthanasia is brief but convincing. A strong religious belief is held to be the most satisfactory preparation for death, and the author believes that human beings are not utterly annihilated, but that personality survives.

**A COMPEND OF HUMAN PHYSIOLOGY.** Especially adapted for the use of Medical Students. By Albert Brubaker, A.M., M.D., Fellow of the College of Physicians of Philadelphia. Fourteenth edition with 28 illustrations. P. Blakiston's Son and Company, Philadelphia. Price, \$1.25.

Any book which has reached its fourteenth edition needs but brief mention. In this there has been elimination of old matter and the introduction of new, which naturally will make it of more value.

**INFANT MORTALITY.** By Hugh T. Ashby, B.A., M.D., B.C., Cambridge. M.R.C.P. (London). University Press, Cambridge. G. P. Putnam's Sons, New York. Price, \$3.25.

Just how much and when the expectant mother should work, and all the conditions met with in trying to help the poor and weak, have been ably treated in this book. Evidently the same difficulties are encountered in England as in this country, according to the statistics and records of the efforts made to better the lives of the infant population. Stress is laid on the importance of accurate birth records as a means of determining when the child should be sent to school. The whole subject is sympathetically treated.

**WHAT EVERY MOTHER SHOULD KNOW ABOUT HER INFANTS AND YOUNG CHILDREN.** By Charles Gilmore Kerley, M.D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital. Paul B. Hoeber, New York. Price, 35 cents.

According to its preface of but one paragraph, this brief though complete treatise of an ever interesting subject was prepared at the

suggestion of a child welfare organization. It gives formulas for the feeding of children up to the age of six years and advice for feeding in later years. There is a chapter on First Aid to the Baby. Directions for recognising the simple ailments of children, and the treatment of them, instructions for caring for the ears, nose and eyes, and the giving of an enema, are all included in this inexpensive book.

**SOCIAL DIAGNOSIS.** By Mary E. Richmond, Director of Charity Organisation Department Russell Sage Foundation. Russell Sage Foundation, New York. Price, \$2.00.

Miss Richmond has written a very extensive and valuable book, which gives the experience and investigations of fifteen years. It would seem that every point which would possibly come up for decision by a public worker, had been considered. It is interesting reading and has much literary merit. As it contains 500 pages, it is of course a large book, but should be made easy of access to nurses and others engaged in public work.

**FLORENCE NIGHTINGALE AS SEEN IN HER PORTRAITS.** By Maude E. Seymour Abbott, B.A., M.D. McGill University, Montreal. Fifteen illustrations. Paper cover, \$.75. Cloth, \$1.00.

This work has an introductory note taken from an address which Dr. Abbott gave before the Harvard Historical Club. It is a brief story of Miss Nightingale's life, which will supply information to many who cannot afford to obtain the copy of her life by Cook, nor to invest in the *History of Nursing* by Dock and Nutting, which also contains much about her. The proceeds are to be given to the Canadian Red Cross. Those desiring the book should apply directly to Dr. Abbott, McGill University, Montreal, Canada.

Books received for review: Reilly's *Pocket Medical Dictionary* Thomas Dutton, Peter Reilly, Philadelphia. *Physical Exercises for Convalescents*, Edward H. Ochsner, M.D., The C. V. Mosby Company. *Some Personal Recollections of Dr. Janeway*, James Bayard Clark, G. P. Putnam's Sons, \$1.00. *The Treatment of Emergencies*, Hubley R. Owens, M.D., W. B. Saunders Company, \$2.00. *Hand-book of Anatomy*, James K. Young, M.D., \$2.00. *Hygiene and Sanitation for Nurses*, George M. Price, M.D., \$1.75. *Obstetric and Gynecologic Nursing*, Edward P. Davis, M.D., W. B. Saunders Company, \$2.00.

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